Filed Nov 21, 19

Exhibit #1

STATE OF NEW HAMPSHIRE

ROCKINGHAM, SS. **10TH Circuit-Family Division-Derry**

Docket# 622-2018-DM-00053

IMO Anthony Grillo and Malinda Nicolosi

Notice of Removal/Withdrawal of Consent

I am removing this case from the family division and moving it to the United States District Court because:

There has been Destruction of Critical Evidence to protect the birth certificate fraud, which proves that the real father and I want the baby.

The family division is trying to take the baby from me and the real father to protect the Birth Certificate fraud.

The family division is trafficking my son and me.

I have evidence of who the father is, and my son is being taken away from me and the father.

The court has made decisions that are harming my son.

I am in danger of losing my son to a man who is not the biological father, and the lower court has destroyed the evidence proving this.

The court has eliminated witnesses.

The lower court is protecting the birth certificate fraud, not my son.

There has been Collusion, Destruction of Critical Evidence, Violation of Anti-trust Law, Commercial Trafficking of Persons, Deprivation of Rights under Color of Law, Deprivation of Due Process.

I am bringing in tort claims against all New Hampshire courts because this Collusion, Destruction of Critical Evidence, Violation of Anti-trust Law, Commercial Trafficking of Persons, Deprivation of Rights under Color of Law, and Deprivation of Due Process has been allowed to continue for years, and my son and I have suffered because of this.

Malinda Nicolosi

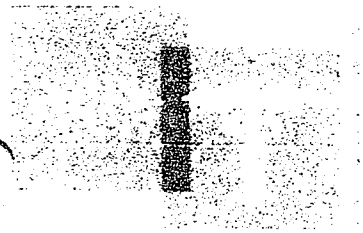
Date: November 1, 2019

Malinda Nicolosi

I, Malinda Nicolosi, hereby certify that on this 1st day of November, 2019, hand-delivered a copy of the herein to the Derry Family District Court and mailed a copy to Anthony Grillo, 232 Eastern Ave., #303, Manchester, NH 03103.

Exhibit #2

Potential Vaccine Injury



The Center For Disease Prevention & Reversal

Toni Bark, MD

June 25, 2019

RE: N[redacted]-G[redacted], A[redacted]

DOB: [redacted]2016

To Whom It May Concern:

I am a medical doctor who has consulted on A[redacted]'s case and it is my opinion that being vaccinated while he is neutropenic could cause serious injury or death.

I have treated vaccine injured children for many years and I strongly recommend that A[redacted] not be vaccinated until his neutropenia has been resolved.

Should you have any questions or concerns, please do not hesitate to contact the office.

Sincerely,

Toni Bark MD

Toni Bark, M.D.,MHEM, LEED, AP

info@disease-reversal.com
www.disease-reversal.com

1220 Michigan Ave.
Evanston, IL 60202
Phone: (847) 869-7740
Fax: (847) 869-7190

Plaintiff's Exhibit #3

Dr. Edward R. Ellis
174 Concord Street, Suite 250
Peterborough, NH 03458
(603) 722-8244

June 15, 2019

To whom it may concern:

I recommend that a child with neutropenia ~~not be vaccinated until s/he has a sustained neutrophils count of at least 2000.~~

Respectfully submitted,

Edward Ellis ND

Edward Ellis, N.D.

Legal for me Scheduled for 10 vaccinations at once.

Exhibit #6

AFTER VISIT SUMMARY

A[redacted] N[redacted]-G[redacted] DoB: [redacted]/2016

10/3/2019 1:45 PM Children's Medical Office of N. Andover 978-975-3355

Instructions from Daniel Summers, MD

Your personalized instructions can be found at the end of this document.

Orders placed today

10 vacs.

DTaP-HepB-IPV combined vaccine (PEDIARIX) IM
Complete as directed

HiB PRP-T conjugate vaccine 4 dose IM
Complete as directed

MMR vaccine subcutaneous
Complete as directed

Varicella vaccine subcutaneous
Complete as directed

Return in about 6 months

(around 4/3/2020) for Well Visit, sooner if needed.

What's Next

Pediarix Should not be given if reactive to MMR, but we want know if he is because they're going to give at same time.

OCT 17 2019 Office Visit with Daniel Summers, MD
Thursday October 17 3:00 PM
Children's Medical Office of N. Andover
477 Andover Street
North Andover MA 01845
978-975-3355

Recommended Care (Due dates for vaccines are shown as the earliest eligible date for vaccination. Your provider may choose to administer these vaccines at a later, but acceptable time.)

	Date Due
Hepatitis B Vaccines (1 of 3 - 3-dose primary series)	**10/23/2016**
DTaP,Tdap,and Td Vaccines (1 - DTaP)	**12/23/2016**
IPV Vaccines (1 of 4 - 4-dose series)	**12/23/2016**
Hepatitis A Vaccines (1 of 2 - 2-dose series)	**10/23/2017**
MMR Vaccines (1 of 2 - Standard series)	**10/23/2017**

Today's Visit

You saw Daniel Summers, MD on Thursday October 3, 2019. The following issues were addressed: Routine child health exam, Parent refuses immunizations, and Need for vaccination.

BMI
15.56 (33rd percentile)
Reference: CDC (Boys, 2-20 Years)

Weight
29 lb 15.7 oz (34th percentile)
Reference: CDC (Boys, 2-20 Years)

Height
3' 0.81" (39th percentile)
Reference: CDC (Boys, 2-20 Years)

Head Circumference
19.29" (49 cm)
(35th percentile)
Reference: CDC (Boys, 0-36 Months)

Temperature (Temporal)
98.8 °F

Pulse
130

Oxygen Saturation
100%

Done Today

Developmental screening for Routine child health exam

MyChart

View this After Visit Summary and more online at https://mychart.chppoc.org/mychart/.

[redacted] follow up test at 27 mo. advice to limit vacs. and spread out

Exhibit #8

The Great Plains Laboratory, Inc.

Requisition #:	645503	*Physician:*	ANDREW ROSTENBERG DC
Patient Name:	[redacted]	*Date of Collection:*	01/10/2019

High quinolinic acid (Marker 37) may be a sign of inflammation and/or neural excitotoxicity. Quinolinic acid is derived from the amino acid tryptophan and is neurotoxic at high levels. As an excitotoxic stimulant of certain brain cells that have NMDA-type receptors, high quinolinic acid may cause nerve cell death with continuous stimulation. Brain toxicity due to quinolinic acid has been implicated in Alzheimer's disease, autism, Huntington's disease, stroke, dementia of old age, depression, HIV-associated dementia, and schizophrenia. High levels of quinolinic acid may inhibit heart contractions, cause lipid peroxidation in the brain, and increase apoptosis (programmed cell death) of astrocytes in human brain. The level of quinolinic acid is also highly correlated with the degree of arthritis impairment.

Quinolinic acid is also a metal chelator, and inhibits enzymes that allow the body to produce glucose when needed. Excessive immune stimulation and chronic inflammation, resulting in overproduction of cytokines like interferon, stimulates overproduction of quinolinic acid. However, quinolinic acid is an important intermediate in making the essential nutritional cofactor nicotinamide adenine dinucleotide (NAD), which is also derived from niacin (B3). Phthalates inhibit the conversion of quinolinic acid to NAD.

Treatment of excessive levels of quinolinic acid can be achieved by multiple approaches: reducing tryptophan supplements, preventing repeated infections and subsequent immune overstimulation by: supplementation with colostrum, transfer factor and probiotics; reducing the use of immune modulators like interferon that increase quinolinic acid production; or reducing the numbers of vaccines given at one time or increasing the interval between vaccinations. In addition, the drug deprenyl or the dietary supplements carnitine, melatonin, capsaicin, turmeric (curcumin) and garlic may reduce brain damage caused by quinolinic acid. Niacin (nicotinic acid) and niacinamide may also reduce quinolinic acid production by decreasing tryptophan shunting to the quinolinic acid pathway. Inositol hexanicinate as an adult dose of 500-1000 mg does not cause niacin flush. A high quinolinic acid/ 5-hydroxyindoleacetic acid ratio would be indicative of immune overstimulation and/or phthalate toxicity.

High uracil with normal/elevated thymine (Markers 40, 41) is an abnormality that is found in about 10% of children with autism. Because folic acid is involved as a methyl donor in the conversion of uracil to thymine, this elevation may indicate a deficiency of folic acid or a defect in folic acid metabolism. Regardless of cause, supplementation with folic acid, folinic acid or methyl folate may be beneficial.

Pyridoxic acid (B6) levels below the mean (Marker 51) may be associated with less than optimum health conditions (low intake, malabsorption, or dysbiosis). Supplementation with B6 (20 - 50 mg/day) or a multivitamin may be beneficial.

High glutaric acid (Marker 53) can result from glutaric acidemias, fatty acid oxidation defects, riboflavin deficiency, ingestion of medium-chain triglycerides, metabolic effects of valproic acid (Depakene), and celiac disease. The genetic disorders are usually diagnosed in children but have occasionally been detected in adults. The probability of a genetic disease is higher when values exceed 10 mmol/mol creatinine but such diseases may also be present with lower urine values. DNA tests have been developed for the confirmation of both types of genetic disorders but may not be commercially available. This compound may be elevated in about 10% of children with autism. Regardless of the cause, supplementation with riboflavin (20-100 mg/day) and coenzyme Q-10 (50-100 mg/day) may be beneficial.

Glutaric acidemia type I is associated with elevations of 3-hydroxyglutaric and glutaconic acid. Normal values of 3-hydroxyglutaric acid greatly reduce but do not completely eliminate the possibility of glutaric acidemia type I. This disease has been associated with clinical symptoms ranging from near normal to encephalopathy, cerebral palsy, and other neurological abnormalities. Some individuals with glutaric acidemia type I have developed bleeding in the brain or eyes that may be mistaken for the effects of child abuse. Treatment of this disorder includes special diets low in lysine and carnitine supplementation.

Glutaric academia type II, also called acyl-CoA dehydrogenase deficiency, caused by a genetic defect in one of the mitochondrial electron transport proteins, is associated with dysmorphic features, seizures, hypoglycemia, and developmental delay. Glutaric acidemia II is commonly associated with elevations of 2-hydroxyglutaric acid as well as isovalerylglycine, hexanoylglycine, isobutyrylglycine, ethylmalonic acid, methylsuccinic acid, and adipic, suberic, and sebacic acids.

[redacted] follow-up test at 27 mo.

The Great Plains Laboratory, Inc.

Requisition #: 645503 **Physician:** ANDREW ROSTENBERG DC

Patient Name: [redacted] **Date of Collection:** 01/10/2019

	Metabolic Markers in Urine	Reference Range (mmol/mol creatinine)	Patient Value	Reference Population - Males Under Age 13
Oxalate Metabolites				
19	Glyceric	0.74 - 13	7.6	7.6
20	Glycolic	27 - 221	52	52
21	Oxalic	35 - 185	182	182
Glycolytic Cycle Metabolites				
22	Lactic	2.6 - 48	12	12
23	Pyruvic	0.32 - 8.8	1.5	1.5
Mitochondrial Markers - Krebs Cycle Metabolites				
24	Succinic	≤ 23	13	13
25	Fumaric	≤ 1.8	0.62	0.62
26	Malic	≤ 2.3	2.1	2.1
27	2-Oxoglutaric	≤ 96	67	67
28	Aconitic	9.8 - 39	20	20
29	Citric	≤ 597	133	133
Mitochondrial Markers - Amino Acid Metabolites				
30	3-Methylglutaric	0.01 - 0.97	0.79	0.79
31	3-Hydroxyglutaric	≤ 16	10	10
32	3-Methylglutaconic	≤ 6.9	3.3	3.3
Neurotransmitter Metabolites				
	Phenylalanine and Tyrosine Metabolites			
33	Homovanillic (HVA) *(dopamine)*	0.49 - 13	11	11
34	Vanillylmandelic (VMA) *(norepinephrine, epinephrine)*	0.72 - 6.4	5.1	5.1
35	HVA / VMA Ratio	0.23 - 2.8	2.2	2.2
	Tryptophan Metabolites			
36	5-Hydroxyindoleacetic (5-HIAA) *(serotonin)*	≤ 11	5.5	5.5
37	Quinolinic	0.46 - 8.8 H	9.2	9.2
38	Kynurenic	≤ 4.2	3.4	3.4
39	Quinolinic / 5-HIAA Ratio	≤ 2.5	1.7	1.7

Pg 6 of 6

A [redacted] 14 mo. old

The Great Plains Laboratory, Inc.

Requisition #:	547581	*Physician:*	JOHN WHEELER
Patient Name:	A [redacted]	*Date of Collection:*	12/22/2017

High 3-methylglutaric and/or high 3-methylglutaconic acids (Markers 30,32) may be due to reduced capacity to metabolize the amino acid leucine. This abnormality is found in the genetic disease methylglutaconic aciduria and in mitochondrial disorders in which there are severe deficiencies of the respiratory complexes (Complex I, NADH ubiquinone oxidoreductase and complex IV, cytochrome c oxidase.). Small elevations may be due to impairment of mitochondrial function and may respond to the recommended supplements below. Typical results found in genetic defects are above 10 mmol/mol creatinine. A few non-genetic conditions including pregnancy and kidney failure may also produce elevation of these organic acids in urine. Confirmation of the genetic disease requires enzymes and/or DNA testing. Multiple genetic defects can cause the biochemical abnormality. Confirmation of mitochondrial disorder usually requires tissue biopsy for mitochondria testing. Symptoms differ within different types of genetic disorders, but in severe cases may include speech delay, delayed development of both mental and motor skills (psychomotor delay), metabolic acidosis, abnormal muscle tone (dystonia), and spasms and weakness affecting the arms and legs (spastic quadriparesis). Recommendations include supplementation with coenzyme Q-10 (300-600 mg), NAD 25-50mg, L-carnitine and acetyl-L-carnitine (1000-2000 mg), riboflavin (40-80 mg), nicotinamide (40-80 mg), biotin (4-8 mg), and vitamin E (200-400 IU's) per day.

High 3-hydroxyglutaric (Marker 31) is a metabolite associated with the genetic disease glutaric aciduria type I, which is due to a deficiency of glutaryl CoA dehydrogenase, an enzyme involved in the breakdown of lysine, hydroxylysine, and tryptophan. Other elevated organic acids may include glutaric and glutaconic acids. This disease has been associated with clinical symptoms ranging from near normal to encephalopathy, cerebral palsy, and other neurological abnormalities. Some individuals with glutaric acidemia have developed bleeding in the brain or eyes that may be mistaken for the effects of child abuse. This abnormality should be confirmed by additional testing of enzyme deficiencies and/or DNA at a pediatric medical genetics center (Morton et al., Am J. Med. Genetics **41**: 89-95, 1991). Elevated values may also be found in hepatic carnitine palmitoyltransferase I deficiency, short-chain acyl dehydrogenase deficiency (SCAD), or ketosis. Mitochondrial dysfunction induced by glutaric acid metabolites causes astrocytes to adopt a proliferative phenotype, which may underlie neuronal loss, white matter abnormalities and macrocephalia. Values in glutaric aciduria type I range from 60-3000 mmol/mol creatinine. Values higher than normal but less than 60 mmol/mol creatinine may be due to mild glutaric acidemia type I or to the other causes indicated above. Treatment of this disorder includes special diets low in lysine and supplementation with carnitine or acetyl-L-carnitine (1000-2000 mg/day).

High quinolinic acid (Marker 37) may be a sign of inflammation and/or neural excitotoxicity. Quinolinic acid is derived from the amino acid tryptophan and is neurotoxic at high levels. As an excitotoxic stimulant of certain brain cells that have NMDA-type receptors, high quinolinic acid may cause nerve cell death with continuous stimulation. Brain toxicity due to quinolinic acid has been implicated in Alzheimer's disease, autism, Huntington's disease, stroke, dementia of old age, depression, HIV-associated dementia, and schizophrenia. High levels of quinolinic acid may inhibit heart contractions, cause lipid peroxidation in the brain, and increase apoptosis (programmed cell death) of astrocytes in human brain. The level of quinolinic acid is also highly correlated with the degree of arthritis impairment.

Quinolinic acid is also a metal chelator, and inhibits enzymes that allow the body to produce glucose when needed. Excessive immune stimulation and chronic inflammation, resulting in overproduction of cytokines like interferon, stimulates overproduction of quinolinic acid. However, quinolinic acid is an important intermediate in making the essential nutritional cofactor nicotinamide adenine dinucleotide (NAD), which is also derived from niacin (B3). Phthalates inhibit the conversion of quinolinic acid to NAD.

Treatment of excessive levels of quinolinic acid can be achieved by multiple approaches: reducing tryptophan supplements, preventing repeated infections and subsequent immune overstimulation by: supplementation with colostrum, transfer factor and probiotics; reducing the use of immune modulators like interferon that increase quinolinic acid production; or reducing the numbers of vaccines given at one time or increasing the interval between vaccinations. In addition, the drug deprenyl or the dietary supplements carnitine, melatonin, capsaicin, turmeric (curcumin) and garlic may reduce brain damage caused by quinolinic acid. Niacin (nicotinic acid) and niacinamide may also reduce quinolinic acid production by decreasing tryptophan shunting to the quinolinic acid pathway. Inositol hexaniacinate as an adult dose of 500-1000 mg does not cause niacin flush. A high quinolinic acid/ 5-hydroxyindoleacetic acid ratio would be indicative of immune overstimulation and/or phthalate toxicity.

[redacted] 14 mo. old

The Great Plains Laboratory, Inc.

Requisition #:	547581	*Physician:*	JOHN WHEELER
Patient Name:	[redacted]	*Date of Collection:*	12/22/2017

Metabolic Markers in Urine		Reference Range (mmol/mol creatinine)		Patient Value		Reference Population - Males Under Age 13
Oxalate Metabolites						
19	Glyceric	0.74 - 13		2.5		2.5
20	Glycolic	27 - 221	L	23		23
21	Oxalic	35 - 185	H	191		191
Glycolytic Cycle Metabolites						
22	Lactic	2.6 - 48		19		19
23	Pyruvic	0.32 - 8.8		6.1		6.1
Mitochondrial Markers - Krebs Cycle Metabolites						
24	Succinic	≤ 23		17		17
25	Fumaric	≤ 1.8	H	2.3		2.3
26	Malic	≤ 2.3	H	2.6		2.6
27	2-Oxoglutaric	≤ 96		72		72
28	Aconitic	9.8 - 39	H	52		52
29	Citric	≤ 597		168		168
Mitochondrial Markers - Amino Acid Metabolites						
30	3-Methylglutaric	0.01 - 0.97	H	1.0		1.0
31	3-Hydroxyglutaric	≤ 16	H	18		18
32	3-Methylglutaconic	≤ 6.9		4.9		4.9
Neurotransmitter Metabolites						
Phenylalanine and Tyrosine Metabolites						
33	Homovanillic (HVA) *(dopamine)*	0.49 - 13		13		13
34	Vanillylmandelic (VMA) *(norepinephrine, epinephrine)*	0.72 - 6.4		5.8		5.8
35	HVA / VMA Ratio	0.23 - 2.8		2.3		2.3
Tryptophan Metabolites						
36	5-Hydroxyindoleacetic (5-HIAA) *(serotonin)*	≤ 11		5.6		5.6
37	Quinolinic	0.48 - 6.9	H	12		12
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14 mo. old

The Great Plains Laboratory, Inc.

Requisition #:	547581	*Physician:*	JOHN WHEELER
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31	3-Hydroxyglutaric	≤ 16	H	18	18
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Requisition #:	547581	*Physician:*	JOHN WHEELER
Patient Name:	A [redacted] N [redacted]	*Date of Collection:*	12/22/2017

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Mutation predisposes to vac. injury Exhibit #9

Please provide this document to all Medical and Dental providers.

Family Wellness Centre of Connecticut

181 Cross Road, Waterford, CT 06385

Phone 860-572-7711 Fax 860-574-9014

Your Solution to optimal healing

MTHFR mutation

A[redacted] N[redacted] has been diagnosed as having an MTHFR mutation. This mutation is an inherited mutation on the gene that codes for the enzyme that methylates (activates) folate in the body, making it usable. It also indirectly affects the level of usable B 12 in the body. There are two mutations that are commonly tested for: C677 and Al298. This individual will have a reduced ability to utilize folate in the diet by up to 70%. This is significant and has widespread clinical ramifications.

[redacted] had elevated B12 while he was not being supplemented with B12

This mutation affects many processes in the body, because the body uses folate and B 12 in many enzymatic and biochemical processes throughout the body. The primary ones discussed in the clinical setting are on detoxification, the production of neurotransmitters, hormone balance, digestion, the immune system, and the cardiovascular system. This is evidenced by some of the behaviors we are seeing in A[redacted] like head banging and possibly the "staring off into space", as well as his speech delay.

Perhaps the most well-known effect of MTHFR is on the brain, MTHFR is directly responsible for the production of the enzymes needed to produce the neurotransmitter s serotonin, norepinephrine, and epinephrine in the brain. Therefore, it may contribute to anxiety, sensory processing disorders, depression, bipolar disorder, autism, ADHD and OCD. Because it affects both stimulating and "calming" neurotransmitters, it is especially likely in people that have co-morbid conditions, such as ADHD combined with anxiety, depression and anxiety, etc. We have found treatment with methyl supplements to be particularly effective. Examples of MTHFR expression may include displays of extreme picky eating in children, auditory and

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visual sensitivity, food allergies, eczema and allergies. Because it is genetic, there are also, often, family histories of anxiety, depression, cardiac disease or early death, stroke, alcoholism, bipolar, ADHD, Etc.

However, there are significant other mitigating factors to this level, so many people with MTHFR may not have this problem. It is however a key factor in the detoxification in the liver. It is responsible for the production of glutathione, the main molecule of detoxification in the liver and in the cells throughout the body. Glutathione has been shown to be low in many chronic illnesses, including autism and chronic lung disease. People with this mutation are often sensitive to chemicals, and will be more affected by vaccines and pharmaceutical medications, including anesthesia; foods with gluten, preservatives and dye chemicals; and high pollution and other toxins. MTHFR also is important in the detoxification of ammonia and can therefore indirectly affect the kidneys as well.

MTHFR is also one of the genes associated with some mid-line defects, such as tongue tie and lip tie, which can affect speech and language development. → A[redacted] has lip tie

Treatment of MTHFR should be under the care of a skilled provider and may include special methylated supplementation daily, reducing toxic exposure and minimizing pharmaceuticals and procedures that can impair detoxification. Treatment should be continued throughout a person's lifetime.

With treatment, individuals should be able to overcome most, if not all, of these symptoms over time and live completely normal lives.

K. Becker-Musante ND, NP
181 Cross Rd Waterford, CT 06385
CT ND Lic # 349 CT NP Lic # 3736

Pt's Epilepsy is from vaccine [redacted] (will submit whole report)

Exhibit 10

33. EPILEPSY

High: Likely high genetic risk for epilepsy

Epilepsy constitutes a group of disorders which are characterised by epileptic seizures. These seizures are associated with vigorous shaking, which can last from a short unnoticeable period to longer periods. According to WHO, approximately 50 million people across the world live with epilepsy.People of certain genetic types are at a higher risk of developing epilepsy and may exhibit symptoms like : **jerking movements that are uncontrollable, amnesia, anxiety, feeling of pins and needles and depression.**

Gene markers analyzed: 480
Gene markers present in your genome data: 110
Potential risk variants detected in your genome data: 2
Potential pathogenic variants detected in your genome data:
chr21:g.45194641C>G CSTB Pathogenic Mitochondrial variant

Recommendation

If you recognise any symptoms of this condition, consult a qualified physician for diagnosis and treatment of this condition.

- **Ketogenic diet**: This diet is rich in fats and low in carbohydrates. When the main source of energy is fats, ketones are produced as a byproduct. These are also produced when there is a period of fasting. People who have epilepsy are associated with a lower risk of developing seizures when they are in a period of fasting. Therefore, it is believed that a ketogenic diet may help people with epilepsy.
- **Manage stress**: Organize the day well and include time to relax. Stay away from stressful situations or try to remain calm. An increase in stress levels could exacerbate symptoms.
- **Avoid alcohol**: Avoid alcohol intake and consume a healthy diet.
- **Maintain a regular sleep schedule**: Getting a good night's rest is very important to lower the risk of seizure. Go to bed at the same time everyday and ensure that the bedroom is used only for sleeping and not for finishing assignments from work.

Genes analyzed: *CPA6, ALDH7A1, GOSR2, SCARB2, PRICKLE2, KCTD7, EFHC1, TBC1D24, LOC101929680, SCN1A, GABRA1, RBFOX1, GABRG2, SCN9A, KCNMA1, SCN1A, CACNB4, SYN1, CSTB, CHRNA2, CHRNA4, LGI1, CACNA1H, GRIN2A, DEPDC5, CLCN2, COTL1, LOC105377628 - VRK2, MAST4, LINC01412 - TEX41, CHRM3, LOC105377632, LOC101927235, COPZ2, MMP8, CAMSAP2, PCDH7 - LOC102723778, GABRG1 - GABRA2, LOC101927078 - TRIM36, KCNT1, CNTNAP2, POLG, SCN1B, KCNQ3, ST3GAL5*

Dr. Ellis' + Dr. Bark's medicines increased neutrophils

Exhibit #11

A [redacted]

		Neutrophil Level	
7/6/2017	T= 104	430	Elliot admission
7/7/2017	Elliot	200	
7/8/2017		140	
7/10/2017	GCH	150	
7/14/2017		230	
7/28/2017		90	
7/31/2017		70	← started med
8/14/2017		300	
9/25/2017		500	← stopped med
11/13/2017		201	
11/21/2017	Elliot ER T-103	220	
1/27/2018		70	← started med
6/18/2018		686	8/5 Tony [illegible] 3x/wk (regimen decreased + nursing almost cut in half)
9/25/2018		510	
10/18/2018		540	
12/13/2018		193	
1/3/2018		90	
2/13/19		1093	(may not be [illegible] since temp was 102, then 99.1)

Neutrophil levels with + without supplementation (medicine)

#8

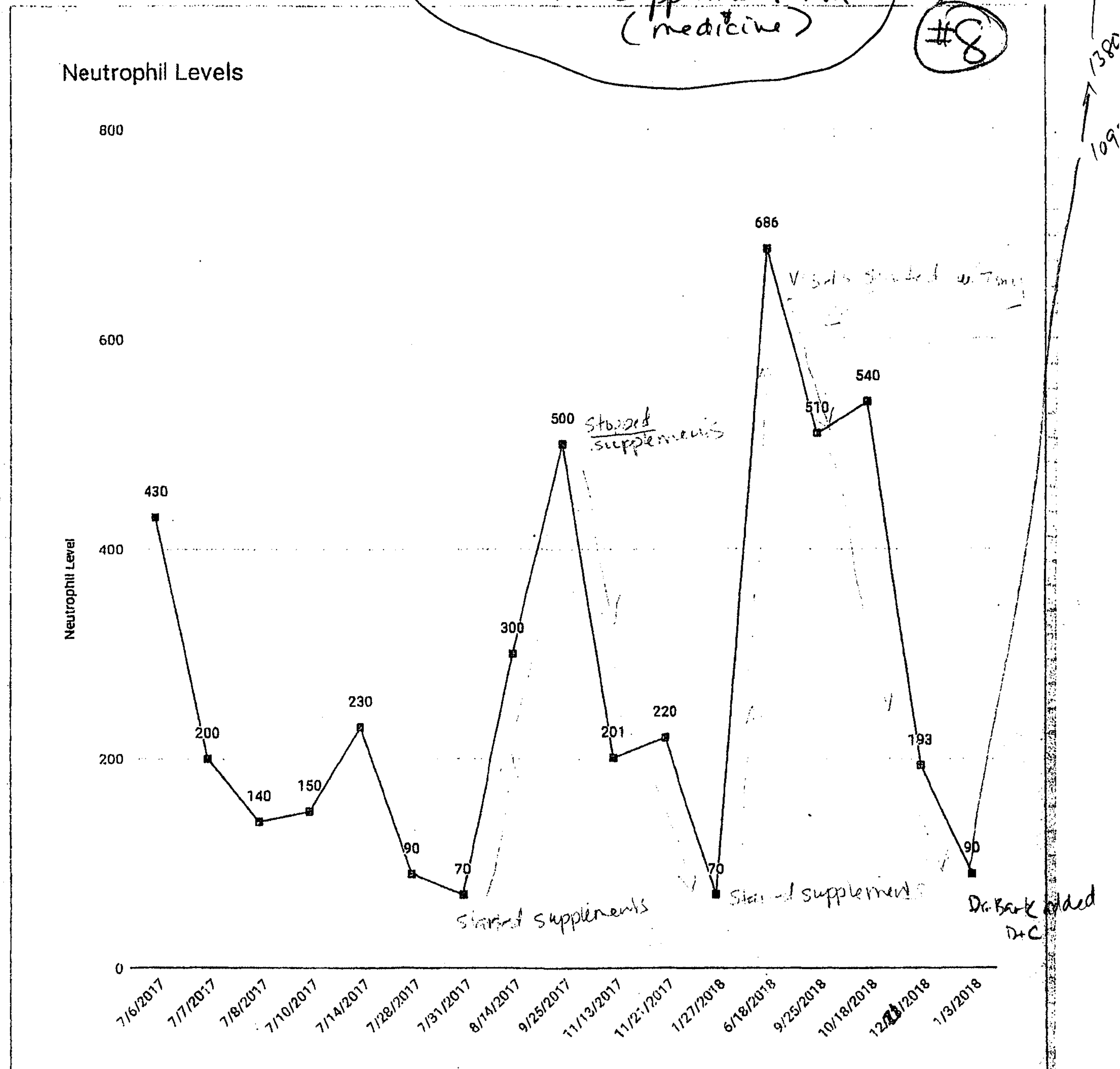

Exhibit 12

legal father signed after DNA

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF CHILD SUPPORT SERVICES

AFFIDAVIT OF PATERNITY

(SEE INSTRUCTIONS ON BACK)

698
3/99

SECTION I - INFORMATION ABOUT THE CHILD (PRINT ALL INFORMATION IN THIS SECTION)

To the clerk of MANCHESTER (City/Town), in the County of HILLSBOROUGH in the State of NH, under oath, the individual named below declares and says that he is the father of [redacted] (PLEASE PRINT: Child's First Name) [redacted] (Middle Name) [redacted] (Last Name) who was born in MANCHESTER (City/Town), NEW HAMPSHIRE (State) on [redacted]/16 3:20 pm (Child's Date of Birth), and whose mother is MALINDA (PLEASE PRINT: Mother's First Name) ANN (Middle Initial) NICOLOSI (Maiden Name) NICOLOSI (Present Last Name), born on [redacted]1973 (Mother's Date of Birth). The parents do hereby give their consent, pursuant to RSA 5-C:11, to having the father's information entered on the Birth Certificate as ANTHONY (PLEASE PRINT: Fathers First Name) LOUIS (Middle Initial) GRILLO (Last Name) born on [redacted], 1959 (Father's Date of Birth), in the state of MASSACHUSETTS (Father's State of Birth) and do hereby agree to indemnify and hold blameless all persons and institutions who are responsible for the preparation and maintaining of said certificate from any liability t reason of such act. The Child's name on the Birth Certificate shall appear as:

[redacted] (PLEASE PRINT: Child's First Name) [redacted] (Middle Name) [redacted] (Last Name) (Child's Social Security Number (if known))

Is this child living? X Yes ____ No If No: Date of Death ____ (Month/Day/Year) Place of death ____ (City/Town) ____ (State)

SECTION II - INFORMATION ABOUT THE CHILD'S NATURAL FATHER

I am signing this Affidavit voluntarily and of my own free will. No force has been used upon me, and no threats or promises made to me by anyone. I understan that by signing this Affidavit I am accepting financial and legal responsibility for the child named above and shall be subject to the child support provisions of RS 168-A:2. I understand that a signed Affidavit is a finding of paternity equal to a finding by a court of law.

Father's Signature [signature] Date 4/11/2017 If Father is a minor, parent/guardian must sign ____

Father's Social Security # [redacted]2912 Father's Address 232 EASTERN AVENUE (Number and Street) MANCHESTER (City/Town) NEW HAMPSHIRE (State) 03104 (Zip Code)

Signature of Notary Public/Justice of the Peace [signature]

Subscribed and sworn to before me this 11 day of April 2017. Commission expires JOANNE L. DOUKERIS Notary Public Justice of the Peace My Commission Expires September 4, 2018 SEAL

SECTION III - INFORMATION ABOUT THE CHILD'S MOTHER

ou were married at any time between the conception and birth of this child, and your husband is not the child's father, Section IV below must be completed b r husband, even if you are currently separted, or by your ex-husband if you are now divorced.

Mother's Signature [signature] Date 4/11/17 If Mother is a minor, parent/guardian must sign ____

Mother's Social Security # [redacted]8741 Mother's Address 512 MAMMOTH ROAD (Number and Street) LONDONDERRY (City/Town) NEW HAMPSHIRE (State) 03053 (Zip Code)

Signature of Notary Public/Justice of the Peace [signature]

Subscribed and sworn to before me this 11th day of April 2017. Commission expires JOANNE L. DOUKERIS Notary Public Justice of the Peace My Commission Expires September 4, 2018 SEAL

SECTION IV - WHEN THE MOTHER'S HUSBAND IS NOT THE CHILD'S FATHER

Husband's Name (print) ____ (First) (Middle Initial) (Last) Husband's Signature ____ Date ____

If Husband is a minor, parent/guardian must sign ____ (Parent/Guardian Signature) Husband's Social Security # ____

Husband's Address ____ (Number and Street) (City/Town) (State) (Zip Code)

Signature of Notary Public/Justice of the Peace ____

Subscribed and sworn to before me this ____ day of ____ Commission expires ____ SEAL

SECTION V - CERTIFICATION OF HOSPITAL, BIRTHING CENTER, MIDWIFE, ETC

This section is ONLY completed when this form is being signed in a hospital/birthing center after the birth of a child, or when a midwife assisted in a home birth.

Pursuant to RSA 5-C:11, I certify that the parents named above have been provided with information about the purpose of this Affidavit, directions on how to complete the Affidavit, and information about their rights and responsibilities.

Name (print) ____ Signature ____ Date ____

Employer (print) ____ (Name of Hospital, Birthing Center, or Midwife) Address ____ (Number and Street) (City/Town) (State) (Zip Code)

SECTION VI - CITY/TOWN CLERK

[signature] (City/Town Clerk's Signature) Manchester (City/Town) 4-11-17 (Date Received)

Distribution of Copies: White: Bureau of Vital Records and Health Statistics; Yellow: Division of Child Support Services; Pink: Father of the Child; Goldenrod: Mother of the Child

DCSS PR 99-05 (A)

Tony refused to sign at hosp.

Exhibit B

STATE OF NEW HAMPSHIRE

DIVISION OF VITAL RECORDS ADMINISTRATION

PARENT NOTICE

CHILD'S NAME (First, Middle, Last)
[redacted]

DATE, TIME OF BIRTH
[redacted] 2016 3:20 pm

SEX
MALE

CITY, TOWN OR LOCATION OF BIRTH
MANCHESTER

COUNTY OF BIRTH
HILLSBOROUGH

PLACE OF BIRTH
HOSPITAL

FACILITY NAME
ELLIOT HOSPITAL

CERTIFIER
NAME ,MARC
TITLE

ATTENDANT
NAME DUHAIME, MARC
TITLE D.O.

ATTENDANT'S MAILING ADDRESS
30 CANTON STREET SUITE 6 MANCHESTER, NH 03103

MOTHER'S/PARENT'S MAIDEN NAME AT BIRTH
MALINDA ANN NICOLOSI

MOTHER'S/PARENT'S CURRENT LAST NAME
NICOLOSI

DATE OF BIRTH
[redacted] 1973

MOTHER'S/PARENT'S STATE OF BIRTH	RESIDENCE - CITY, TOWN	COUNTY	STATE	Zip
MASSACHUSETTS	LONDONDERRY	ROCKINGHAM	NEW HAMPSHIRE	03053

MOTHER'S/PARENT'S ADDRESS

RESIDENCE STREET 512 MAMMOTH ROAD

MAILING ADDRESS

FATHER'S/PARENT'S NAME
NOT STATED

Maiden Name (If Applicable)
NOT STATED

DATE OF BIRTH
NOT STATED

BIRTHPLACE
NOT STATED

I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF PARENT OR OTHER INFORMANT	DATE SIGNED	RELATIONSHIP TO CHILD
NICOLOSI, MALINDA ANN	10/24/2016	MOTHER

DO NOT DISCARD

DEAR PARENT:

This PARENT NOTICE is an exact copy of the information that will appear on the official birth record of your newborn child. This PARENT NOTICE IS NOT A LEGAL DOCUMENT.

Please note that this PARENT NOTICE is not, nor can it be used as, a legal document. It is simply a notice to the parent stating the information that is on file at both the STATE and LOCAL REGISTRAR'S office. This notice must be taken to the local registrar's office where an official certified copy of this birth is available to you at a fee.

Please examine this information very carefully to be sure it is correct in every detail, especially that all names are spelled and all dates are correct. If you find an error or omission that needs correcting, personally take this notice to the city/town clerk in the city/town where the child was born. Any corrections can be made within 14 DAYS very quickly and easily. After this time, it may be more difficult to change the information on your child's record.

Case 1:19-cv-01142-PB Document 1-2 Filed 11/08/19 Page 17 of 60

Alleged Father's Exhibit 14

DNA Diagnostics Center

DNA Test Report

For Personal Knowledge Only

Case 8412508 Name	CHILD A[redacted] M. N[redacted] G[redacted]		Alleged FATHER Anthony L. Grillo Jr.	
Test No.	8412508-20		8412508-30	
Locus / PI	Allele Sizes		Allele Sizes	
D3S1358 0.00	15		16	18
vWA 2.20	15	20	15	18
D16S539 0.00	10	11	9	12
CSF1PO 0.00	10	12	11	
TPOX 0.99	8		8	10
D8S1179 0.00	10	14	11	13
D21S11 0.00	27	30	31	31.2
D18S51 1.61	11	14	14	15
D2S441 1.46	11		11	14
D19S433 1.49	14		13	14
TH01 2.05	6	9.3	6	9.3
FGA 1.42	22	26	19	22
D22S1045 0.00	16	17	11	12
D5S818 0.00	11	13	10	12
D13S317 0.00	11	13	8	12
D7S820 0.00	9	11	10	
SE33 0.00	18	19	27.2	30.2
D10S1248 0.00	15		13	14
D1S1656 0.00	13	14	16.3	18.3
D2S1338 1.92	19	25	17	19
Amelogenin	X	Y	X	Y

Interpretation:

RN: 1892333

Combined Paternity Index: 0

Probability of Paternity: 0%

The alleged father is excluded as the biological father of the tested child. This conclusion is based on the non-matching alleles observed at the loci listed above with a PI equal to 0. The alleged father lacks the genetic markers that must be contributed to the child by the biological father. The probability of paternity is 0%.

Note: Since the samples were not collected under a strict chain of custody by a third neutral party and the Laboratory cannot verify the origin of the samples, this test result may not be defensible in a court of law for the establishment of paternity and other legally related issues. The tested parties' names that may appear on this report have been provided by the client and cannot be verified. The laboratory assumes no responsibility for incorrect or misspelled patient information.

Based on the samples received from the tested parties whose identities cannot be independently verified, I, the undersigned Laboratory Director, declare the genetic data is correct as reported on 12/8/2016.

John W. Peterson, Ph.D.

Legal Fathers 5/8 Exhibit 15

Personal Paternity Analysis Report

Report Date:	11/22/2016
Case Number:	T773959
Report Number:	R1627780
Reference Number:	IDG

Relationship:	Participant Name:	Sample ID:	Date of Birth:	Ethnicity:	Date of Collection:	Date of Accession:
Child	A[redacted] M N[redacted] G[redacted]	S1457037	[redacted]/2016			11/18/2016
Alleged Father	ANTHONY L GRILLO JR	S1457038	[redacted]/1959	Caucasian	10/12/2016	11/18/2016

Conclusion:

ANTHONY L GRILLO JR is excluded as the biological father of A[redacted] M N[redacted] G[redacted].

Combined Relationship Index:	Probability of Relationship:
0 to 1	0.00%

ANTHONY L GRILLO JR is not the biological father of ANTHONY M NICOLOSI GRILLO. ANTHONY L GRILLO JR does not carry paternally-derived DNA present in ANTHONY M NICOLOSI GRILLO at multiple Genetic Markers, indicated by 0 in the "Relationship Index" column in the table below. The Combined Parentage Index is 0 to 1 (corresponding to a Probability of Paternity of 0%).

Genetic Marker	Child	Alleged Father	Relationship Index
CSF1PO	10, 12	11	0.00
D2S1338	19, 25	17, 19	2.03
D3S1358	15	16, 18	0.00
D5S818	11, 13	10, 12	0.00
D7S820	9, 11	10	0.00
D8S1179	10, 14	11, 13	0.00
D13S317	11, 13	8, 12	0.00
D16S539	10, 11	9, 12	0.00
D18S51	11, 14	14, 15	1.54
D19S433	14	13, 14	1.29
D21S11	27, 30	31, 31.2	0.00
FGA	22, 26	19, 22	1.27
TH01	6, 9.3	6, 9.3	1.97
TPOX	8	8, 10	0.94
vWA	15, 20	15, 18	3.62
AMEL	X, Y	X, Y	-

Elizabeth Liddiard, B.S., Genetic Data Analyst II
Donna J. Housley, Ph.D. Laboratory Director
Identigene, LLC / Sorenson Genomics, LLC

Deoxyribonucleic acid (DNA) was isolated and characterized using the polymerase chain reaction (PCR) at each Genetic Marker listed above. The collection and transport of specimens were not performed in compliance with established Chain-Of-Custody guidelines and, therefore, these results might not be admissible in a court of law in order to establish a relationship. Sorenson Genomics - Identigene is not responsible for the integrity of these samples prior to arriving at the laboratory.

All laboratory work and data analysis was performed by Sorenson Genomics - Identigene, which is accredited to ISO/IEC 17025:2005 standards by the Laboratory Accreditation Bureau (L-A-B), Certificate Number L2201. These results relate only to the items tested and are intended solely for the purposes of ascertaining the above-described relationship(s).

Patience refused house arrest hearing

Case 1:19-cv-01142-PB Document 1-5 Filed 11/05/19 Page 19 of 60

Brooke Cohen's 99% Dern wouldn't accept

Exhibit 16

DDC
DNA Diagnostics Center

DNA Test Report

For Personal Knowledge Only

Case 8712461 Name	CHILD [redacted]	Alleged FATHER JUSTIN HOLMES		
Sample Type	Buccal		Buccal	
Test No.	8712461-20		8712461-30	
Locus / PI	**Allele Sizes**		**Allele Sizes**	
D3S1358 **1.88**	15		15	18
vWA **2.43**	15	20	15	17
D16S539 **4.21**	10	11	8	10
CSF1PO **1.72**	10	12	10	12
TPOX **1.86**	8		8	
D8S1179 **1.21**	10	14	13	14
D21S11 **1.01**	27	30	30	31.2
D18S51 **22.53**	11	14	11	12
D2S441 **1.47**	11		11	14
D19S433 **1.37**	14		13	14
TH01 **1.86**	6	9.3	6	9.3
FGA **1.39**	22	26	21	22
D22S1045 **0.71**	16	17	15	16
D5S818 **2.22**	11	13	11	13
D13S317 **1.72**	11	13	11	
D7S820 **1.21**	9	11	10	11
SE33 **2.50**	18	19	19	26.2
D10S1248 **2.89**	15		15	16
D1S1656 **3.21**	13	14	11	14
D2S1338 **4.58**	19	25	19	25
Amelogenin	X	Y	X	Y

Interpretation:

RN: 9733070

Combined Paternity Index: **3,070,890**

Probability of Paternity: **99.99996%**

The alleged father is not excluded as the biological father of the tested child. Based on testing results obtained from analyses of the DNA loci listed, the probability of paternity is 99.99996%. This probability of paternity is calculated by comparing to an untested, unrelated, random individual of the Caucasian population (assumes prior probability equals 0.50).

Note: Since the samples were not collected under a strict chain of custody by a third neutral party and the Laboratory cannot verify the origin of the samples, this test result may not be defensible in a court of law for the establishment of paternity and other legally related issues. The tested parties' names that may appear on this report have been provided by the client and cannot be verified. The laboratory assumes no responsibility for incorrect or misspelled patient information.

Based on the samples received from the tested parties whose identities cannot be independently verified, I, the undersigned Laboratory Director, declare the genetic data is correct as reported on 10/29/2019.

Guangyun Sun, Ph.D.

End of Report

10/31/2019

Denied to file 2 DNA Tests Exhibit 17

accepted but destroyed

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: 10th Circuit Family Division - Derry
Case Name: In the Matter of Anthony Carlko and Malinda Nicolas
Case Number: (if known) 622-2018-DM-53

2018 MAY -1 P 3:53 RECEIVED CIRCUIT COURT

MOTION: DNA Test Results

I, Malinda Nicolas, state the following facts and request the following relief:

I wish to submit DNA Test results showing Anthony Carlko is not the biological father of my son [redacted]

5/1/2018
Date

Malinda Nicolas
Signature

603-855-0843
Telephone

512 Mammoth Rd Londonderry NH 03053
Address

I certify that on this date I provided a copy of this document to _____ (other party) or to Jason Sullivan Esq. (other party's attorney) by: ☐ Hand-delivery OR ☒ US Mail OR ☐ E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

5/1/2018
Date

Malinda Nicolas
Signature

ORDER

☐ Motion granted. ☐ Motion denied. ☒ RULING DEFERRED UNTIL AFTER NEGOTIATIONS.

Recommended:

5/8/18
Date

Order

Signature of Marital Master

Philip D. Cross
Printed Name of Marital Master Referee

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

5/8/18
Date

Signature of Judge
ELIZABETH M. LEONARD

Tony tried to give [redacted] the antibiotics

Exhibit 18

Lawrence General Hospital

Name: [redacted]
Acct Num: [redacted]3781
Med Rec Num: M001205642
Location: Emergency Center
Primary Provider: Fredenburg,David
Date: 06/23/19

Tony didn't listen to doctor saying it was preventative for 5 days

978-683-4000

603-432-2657
CVS

Patient Visit Information

You were seen today for:

Avulsed tooth
Neutropenia

Patient Instructions Reviewed

Acute Dental Trauma in Children (ED)
Acetaminophen and Ibuprofen Dosing in Children (ED)

received 06/23/19 20:28

Activity Restrictions or Additional Instructions

Dental follow-up encouraged for both dental caries as well as injury. Amoxicillin recommended by both hematology and oral surgery as prophylaxis with a history of neutropenia. First dose given in the ED, to complete 5 days, prescription given. Acetaminophen and ibuprofen for pain encouraged.

Follow-up

[redacted] has been referred to the following clinics/specialists for follow-up care:

1. NONSTAFF NONSTAFF , MD Date:
1 GENERAL ST
LAWRENCE, MA 01842
(978)683-4000

New Prescriptions and Instructions from this Visit

(See detailed Home Medication List for all medications)

1. amoxicillin
400 mg oral twice a day 10 Days #100 ml
400 mg/5 ml suspension for reconstitution
Refills: 0

Spencer PA. Rapid Med E.

28 th

4

No Sugar for Neutropenia Exhibit 19

YAHOO! MAIL

Subject Fwd: Treatment Plan
From Malin <malinda3@gmail.com>
To: Sarah Gutierrez <emailerette@yahoo.com>, Maryanne <hqcnaapro@aol.com>
Date Thu, Sep 27, 2018 at 3:48 PM

Hi this is from dr Featherstone.

-------- Forwarded message --------
From: **Dr Sara Featherstone** <
Date: Thu, Sep 27, 2018, 3:21 PM
Subject: Treatment Plan
To: <

Dear Malinda,
It was nice talking with you today regarding A[redacted]'s health.
It sounds like you are feeding him well which is very important for his overall health, growth and development.
As he is immune compromised, it would be important for A[redacted] to avoid consuming processed sugar as that is known to suppress the immune system.
It's also important that he avoid contact with individuals who may be sick with any kind of infectious illness as his immune system is not strong enough to fight off even the common cold without risk of complications.
To keep his bowels regular, continue to feed him lots of vegetables and keep him properly hydrated.
You may want to also consider the following to prevent/ treat constipation:
Prune juice or pear juice- mixed with 50% water
Ground Flax Seed Meal- add to foods or use in baking. This will help to soften his stool, too.
If needed, you may give him:
Magnesium citrate 150 to 300 mg in watered down juice
Please let me know how he is doing.

The above is in addition to everything Dr Ellis recommended. It's VERY important that he gets that medicine regularly.
Best,
--
Sara Featherstone, N.D.
174 Concord St. Suite 250
Peterborough, NH 03458
Phone: 603.924.6624
Fax: 603.924.6679
Email:

2yrs old has 13 cavities!

Tony tried to stop breastfeeding

Exhibit 20

Clinical Summary

Lilac Natural Medicine
170A Lowell Street
Manchester, New Hampshire 03104

Patient Name : A[redacted] N[redacted] G[redacted]
Date : Sep 22, 2018
Provider : Dr. Michelle Haff

Diets

Diet for Neutropenia
-Avoid sugar in his diet, including sweets like cake, pastries, candy, cookies, etc. Juice is also high in sugar, which suppresses the immune system.
-Feed him a diet high in protein and veggies. Give him protein at each meal and snack (meat, eggs, fish, beans, lentils, nuts, dairy). Give 3-5 servings of veggies per day.
-Organic and Non-GMO foods are best. Limit/avoid processed foods.
-Continue supplements: Probiotics, Multivitamin, Cod Liver Oil.
-Continue breastfeeding to boost his immune system

Lifestyle

Court told me I could have parenting time taken away for talking to Tony about A[redacted]'s food. He was putting A[redacted] to bed w/ sippy cup of milk which dentist said will rot his teeth, + he + family cont'd feeding him sweets, right up until his oral surgery + chocolate pudding the day of the surgery.

[illegible] neutrophils

Exhibit 21

Monadnock Natural Medicine, PLLC

Patient Name: [redacted] **18 months** **DOB:** [redacted]/2016
PCP: Dr Wheeler Derry NH **Today's Date: 05/11/2018**

Chief Complaint/Prior Dx: Hx of low WBCs, Hx of constipation

History of Present Illness:

[redacted] is brought into the clinic today for a FOV with his mother, Malinda and his aunt, Renee both of whom provide [redacted]s history.

07/2017 [redacted] was diagnosed with a secondary staph infection on his sacral area. Lab work identified low neutrophils. He was treated at Elliot in Manchester as well as Boston Children's hospital and was in patient for 3 days with recurring fevers. He was treated with po ABX vancomycin and clindamycin, both of which he now has adverse drug reactions to. Anthony was treated with multiple rounds of ABX before discharge until the fevers and skin infection resolved.

Malinda and Renee are here today to discuss their concerns regarding [redacted]s immune status and his ongoing difficulty with having bowel movements.

Malinda and Renee had a prior consultation with Dr Ellis regarding [redacted]s neutropenia where they were advised on adjunctive naturopathic treatment.

BMs are not daily and [redacted] often strains. Blood has not been noted on his stool or anal area. Stools can be round, hard balls, always formed and often difficult to pass. Color is brown, no undigested food, mucous or blood.

Sara Featherstone, ND

Dear DCYF, Reached out to DCYF & shared to DCYF (they only checked with BCH) Exhibit 22

I am requesting assistance from someone to help make sure no harm comes to my son. I have been trying to avoid having to contact your office, but I have had no responses from two sources I've reached out to and when I called your office, I was told not to be afraid to reach out if I feel my son may be in danger.

I have requested the help of a GAL from the court, but it was denied due to time restrictions. There needs to be a third person involved to oversee the health and well-being of my son. Failure in communication between Tony (legal father) and myself and Tony's refusal to heed the advice of ALL A[redacted]s doctors, will likely put my son at risk with his medical conditions.

I've been asking Tony for 8 months to have my son's multiple neurological symptoms assessed, and he has been refusing.

It took 3 months for Tony to let me have A[redacted] evaluated for speech delay after Dr. Bark (see enclosed letters) suggested an evaluation, and then he refused having him attend speech therapy for 3 more months after the evaluation suggested treatment.

I recently gave Tony a report I had done on A[redacted] explaining a genetic predisposition A[redacted] has (MTHFR), which puts him at risk for adverse effects from vaccines, and Tony has avoided my questions regarding this report, such as if the doctors have read it and he discussed all of A[redacted]s neurological symptoms with the doctors and discussed evaluating.

Please see enclosed OAT (Organic Acids Tests) which advises that vaccinations be limited and spaced out. There is a recent follow-up of that test as well, so this wasn't just a one-time elevation the A[redacted]s Quinolinic acid.

This has never been addressed because Tony called Dr. Northcutt's office to cancel an appointment I requested to discuss having these tests reviewed, and has refused since.

Dr. Northcutt terminated us right after this latest cancellation because of "father's behavior" and "one parent calling in making appointments, and the other calling in canceling" (I have never canceled an appointment) and "mother's frequent calls" (because of cancellations by Tony), and "one parent's mother coming into the office demanding the baby's health information while we can't release private health information" (my mother passed away in 2015).

Tony may vaccinate A[redacted] as soon as tomorrow October 15, 2019, ignoring this advice/information, when he has A[redacted].

Dr. Haff from Lilac Natural Medicine 603-707-4433, who was A[redacted]'s PCP and stated that vaccinating A[redacted] while neutropenic would be horrible.

Dr. Ellis from Monadnock Natural Health 603-722-8244, who has been seeing A[redacted] for his neutropenia for over a year, stated not to vaccinate until A[redacted]'s neutrophil levels are at least 2000, *sustained*.

Dr. Northcutt from Derry Family Medical 603-537-1300 at first stated that vaccinating A[redacted] but after consulting with colleagues from Boston Children's hospital and Dartmouth Hitchcock later changed this advice and said he no longer advocates for vaccinating at this time.

Dr Kim from Dartmouth Hitchcock 603-650-5541 does not suggest vaccinating A[redacted] until he has sustained neutrophil count over 1000.

A[redacted] has had only 1 baseline neutrophil count of 1380. His prior neutrophil count of 1093 was with a fever, so it is not indicative of a baseline neutrophil count.

A[redacted]'s new PCP, Dr. Daniel Summers from Children's Medical Office 978-975-3355, who Tony has A[redacted] seeing, will only accept A[redacted] to his practice if he is to be vaccinated and is planning on giving A[redacted] MULTIPLE, COMBINATION, vaccines (including the MMR).

Dr. Summers is doing this under the advisement of Dr. Newberger from BCH, who has met with A[redacted] once for a meet-and-greet and has never examined A[redacted], and Dr. Gerdemann, who on October 18, 2018, said not to give A[redacted] the MMR vaccine.

Dr. Newberger was also never made aware of my son's MULTIPLE neurological issues, nor has there been any neurological assessment done.

Father has A[redacted]s MTHFR report of genetic predispositions to adverse reactions from vaccines.

BCH has in it's files an organic acids test from Dr. Northcutts office that advises to limit vaccinations and their timing with A[redacted]s (quinoline) acids being high. There is a follow-up of this test as well with his quinolinic acids level still elevated.

I'm very concerned father's not understanding the seriousness or not being able explain in detail A[redacted]'s medical condition may be harming him and as soon as TOMORROW, if he chooses to bring him to Dr. Summers' office.

I don't want anything to happen to my son and I don't know what else to do. The court said if I were to contact you again I could lose my parenting rights.

Desperately seeking help for my son,

Malinda Nicolosi

603-858-0843

Malinda3@gmail.com

Petitioner's Exhibit 23

Daniel

STATE OF NEW HAMPSHIRE
ROCKINGHAM, SS. 10TH Circuit-Family Division Derry
Docket No: 622-2018-DM-0053
In the Matter of Anthony Grillo and Malinda Nicolosi

Motion for Ex-Parte

Now comes Respondent who respectfully submits the following:

1. Several medical professionals have stated that A[redacted]s vaccinations should be delayed or even not given at all while he is neutropenic, that this could be very dangerous for him, and even cause death (see attached letter for and documents #4 and 6 submitted on June 21, 2019)

2. Petitioner is having my son vaccinated, possibly as I am writing this, knowing there could be serious injury to my son with my son's health condition.

3. Petitioner did not discuss with me, but told me that he's made a decision to have a doctor in Andover, MA, whom we have never met with, be A[redacted]s PCP. Dr. Summers will not see patients unless they agree to be 100% vaccinated.

4. Today, we had an appointment with Dr. Summers. At the appointment, the doctor said he wanted to vaccinate A[redacted] because Dr. Newburger said he recommends vaccination.

5. I explained to Dr. Summers that this Court has just received doctors' advice of delaying vaccinations because of A[redacted]s complex medical condition and the Court is going to make a decision on that, so for now, I am requesting to wait until the decision is made.

6. When I attempted to show Dr. Summers the documents, he said he wasn't interested in what any other doctors had to say, that none of the doctors I was showing or mentioning to him are scientists (nor is he), that Naturopathic doctors are not doctors and he's "not interested in the garbage they learn", and that he knows ingredients of vaccinations but has no time to go over any.

7. I asked him if he would do genetic testing to test for any predispositions to vaccine injury that my son may have and he said he wouldn't do that, and he will not continue the regimen of supplements to keep his immune system up, which my son has been on for over a year.

8. He told me to dress my son, that he was not going to examine him if we were going to delay vaccination.

9. Petitioner said he was unaware of the Court's allowing the documents to be submitted, but yesterday at CVS, I handed him all the documents I filed. During the conversation with the doctor, he left the visit and called his attorney and came

vac. injury support

Exhibit 24

AMERICAN EPILEPSY SOCIETY

EPILEPSY CURRENTS
Reviews and Critical Analysis

Epilepsy Curr. 2002 Jan; 2(1): 15–16.
doi: 10.1046/j.1535-7597.2002.00002.x

PMCID: PMC320893
PMID: 15309176

[redacted] has pathogenic variant CTSB 45194641 predisposes epilepsy + seizures

Seizure Risk with Vaccination

Anne T. Berg, Ph.D.

The Risk of Seizures After Receipt of Whole-Cell Pertussis or Measles, Mumps, and Rubella Vaccine

Barlow WE, Davis RL, Glasser JW, Rhodes PH, Thompson RS, Mullooly JP, Black SB, Shinefield HR, Ward JI, Marcy SM, De Stefano F, Chen RT, Immanuel V, Pearson JA, Vadheim CM, Rebolledo V, Christakis D, Benson PJ, Lewis N

N Engl J Med 2001; 345:656–661

BACKGROUND: The administration of the diphtheria and tetanus toxoids and whole-cell pertussis (DTP) vaccine and measles, mumps, and rubella (MMR) vaccine has been associated with adverse neurologic events, including seizures. We studied the relation between these vaccinations and the risk of a first seizure, subsequent seizures, and neurodevelopmental disability in children.

METHODS: This cohort study was conducted at four large health maintenance organizations and included reviews of the medical records of children with seizures. We calculated the relative risks of febrile and nonfebrile seizures among 679,942 children after 340,386 vaccinations with DTP vaccine, 137,457 vaccinations with MMR vaccine, or no recent vaccination. Children who had febrile seizures after vaccination were followed to identify the risk of subsequent seizures and other neurologic disabilities.

RESULTS: Receipt of DTP vaccine was associated with an increased risk of febrile seizures only on the day of vaccination (adjusted relative risk, 5.70; 95 percent confidence interval, 1.98 to 16.42). Receipt of MMR vaccine was associated with an increased risk of febrile seizures 8 to 14 days after vaccination (relative risk, 2.83; 95 percent confidence interval, 1.44 to 5.55). Neither vaccination was associated with an increased risk of nonfebrile seizures. Analyses of automated data alone gave results similar to the analyses of the data from medical-record reviews. The number of febrile seizures attributable to the administration of DTP and MMR vaccines was estimated to be 6 to 9 and 25 to 34 per 100,000 children, respectively. As compared with other children with febrile seizures that were not associated with vaccination, the children who had febrile seizures after vaccination were not found to be at higher risk for subsequent seizures or neurodevelopmental disabilities.

CONCLUSIONS: There are significantly elevated risks of febrile seizures on the day of receipt of DTP vaccine and 8 to 14 days after the receipt of MMR vaccine, but these risks do not appear to be associated with any long-term, adverse consequences.

COMMENTARY

Current childhood vaccines are, by all measurable standards, safe and effective. Relatively mild transient effects, however, can occur, and concern still exists about the possibility of more severe and longer lasting neurological disorders. Barlow et al.'s report provides the basis for assessing the absolute and relative increase in risk of febrile seizures as a function of time since vaccination. The study is particularly notable for its size (based on nearly 700,000 children under 6 years). They report that the risk of febrile seizures is increased almost sixfold on the day of diphtheria, tetanus, and pertussis (DTP) receipt and drops off to a negligible increase thereafter. For measles, mumps, and rubella (MMR), the effect is not seen until the 2nd week after receipt of the vaccine, where the risk is increased nearly threefold. They are also able to provide estimates of how many additional febrile seizures will occur as a result of vaccination with DTP (6 to 9 in 100,000) and MMR (25 to 34 in 100,000).

Their analysis of unprovoked seizures and other neurobehavioral disorders is focused on children who had febrile seizures. They found no difference between children whose febrile seizures were associated with MMR or DTP vaccinations compared with children whose febrile seizures occurred spontaneously. This lack of any association is reassuring; however, even in this enormous study, they were still not able to exclude sizeable effects (doubling or more) in the risk of epilepsy and other neurobehavioral outcomes. For this, it is necessary to read across the available, large, carefully conducted studies, all of which find no increased risk and of which, taken as a whole, provide reasonable reassurance of MMR and DTP vaccines' safety 1, 2, 3.

The serious effects of the illness against which these vaccines protect are well documented and measurable. Encephalitis and resulting encephalopathies from many of the diseases themselves are prevented in as many children (perhaps more) as incur febrile seizures (a relatively benign outcome in the long run) following vaccination. Immunization for pertussis was terminated in Sweden in 1979. Over a 2-year period, over 2000 children were hospitalized with pertussis. Four percent suffered neurologic complications, and three died 4. A serious acute encephalitis caused by measles can occur in approximately 1 out of 1000 cases, and subacute sclerosing panencephalitis, a typically fatal complication of measles, occurs in approximately 1 in 1,000,000 cases. Such occurrences appear to be prevented through vaccination 5.

There will always remain some doubt about the "absolute" safety of childhood vaccines, specifically DTP (acellular or whole cell) and MMR. What Barlow et al.'s article and others help show is that any serious side-effects occur at an immeasurably small frequency, certainly smaller than the measurable effects of the illnesses they prevent. Changes in the vaccine formulation (e.g., whole cell to acellular) may also help to reduce side-effects, and further advances may help make current vaccines even safer.

References

1 . Gale JL, Thapa PB, Wassilak SG, Bobo JK, Mendelman PM, Foy HM. Risk of serious neurological illness after immunization with diphtheria-tetanus-pertussis vaccine: A population-based case-control study. JAMA 1994;271:37–41. [PubMed] [Google Scholar]

2 . Griffin MR, Ray WA, Mortimer EA, Fenichel GM, Schaffner W. Risk of seizures after measles-mumps-rubella immunization. Pediatrics 1991;88:881–885. [PubMed] [Google Scholar]

3 . Walker AM, Jick H, Perera DR, Knauss TA, Thompson RS. Neurologic events following diptheria-tetanus-pertussis immunization. Pediatrics 1988;81:345–349. [PubMed] [Google Scholar]

4 . Romanus V, Jonsell R, Bergquist SO. Pertussis in Sweden after the cessation of general immunization in 1979. Pediatr Infect Dis J 1987;6:364–371. [PubMed] [Google Scholar]

5 . Subacute sclerosing panencephalitis surveillance: United States. MMWR Morb Mortal Wkly Rep 1982;31:585–588. [PubMed]

Exhibit 25

(https://www.nvic.org/)

National Vaccine Information Center

Your Health. Your Family. Your Choice. (https://www.nvic.org/)

FAQ's About Vaccines & Infectious Disease

NVIC maintains comprehensive information on vaccines and infectious diseases (https://www.nvic.org/Vaccines-and-Diseases.aspx) and recommends that individuals visit that portion of our website for more detailed and comprehensive information on this topic. The information below reflects only those questions which are frequently asked.

Q: Now that the diphtheria-pertussis-tetanus vaccine has been switched from DTP (pertussis whole cell form) to DTaP (pertussis acellular form), is the vaccine safe?

A: In 1996, it was recommended that vaccine be switched from use of whole-cell pertussis (DTP) to acellular pertussis (DTaP).

Whole cell DPT vaccine is a relatively crude vaccine that contains B. pertussis bacteria chemically and heat treated. Acellular DTaP contains less endotoxin and less bioactive pertussis toxin. Both DPT and DTaP contain aluminum adjuvants.

Pertussis toxin is an extremely lethal toxin capable of crossing the blood brain barrier and it is used by researchers in laboratories to deliberately induce Experimental Autoimmune Encephalomyelitis (EAE) in lab animals. Pertussis toxin is an ingredient in whole cell DPT vaccine and the acellular DTaP vaccine but it is less bioactive in DTaP.

Whole-cell DPT contains B. pertussis bacteria heat and chemically treated as well as significant amounts of endotoxin (capable of killing animals and humans on its own). There is less endotoxin in DTaP, however both DPT and DTaP contain aluminum adjuvants. Aluminum can kill brain cells and make the blood brain barrier more permeable

Even though the acellular DTaP vaccine is believed to be less reactive than the whole cell DPT vaccine, NVIC still receives reports of serious reactions following DTaP vaccination that are consistent with symptoms and injuries known to be associated with DPT vaccine, including high pitched screaming, fever over 103F, collapse/shock (hypotonic/hyporesponsive episode), convulsions, and encephalopathy.

Infants and children, who have demonstrated one or more of these symptoms following DTAP vaccination (or any other vaccination), should be carefully evaluated by one or more health care professionals before more DTaP or other vaccines are given. If you, as a parent, are concerned that continuing vaccination would harm your child and a doctor is insisting more vaccines be given without your voluntary consent, you should contact another trusted health care professional for a second opinion. If your child has experienced health deterioration after previous vaccinations, it is important listen to your intuition and become totally comfortable before proceeding with more vaccination.

Q: What is the difference between DTP, DTaP and Tdap?

A: DPT vaccine is a combination of three inactivated bacterial vaccines: diphtheria, pertussis and tetanus. There are many different forms and combinations of these vaccines licensed (http://www.fda.gov/cber/vaccine/licvacc.htm) for use in the United States. Some versions of the vaccine are only appropriate for adults and adolescents (Tdap, Td and TT). Various versions of the vaccine for infants and young children include DPT (whole cell pertussis), which is no longer used in the U.S.; DTaP (acellular pertussis) which was licensed in 1996 for babies; and DT (diphtheria, tetanus).

Q: Where can I get split-up, single dose DTaP vaccine for my baby or preschooler or split-up single dose Tdap for my adolescent?

A: The "P" part of the combination DPT or DTaP vaccine is the vaccine which is associated with the most cases of brain inflammation and permanent brain damage. Infants who cannot have the "P" or pertussis (whooping cough) portion of the vaccine are generally given the DT vaccine.

Your child's pediatrician or health department should be able to obtain the DT vaccine if your child has had a previous reaction after receiving DPT or DTaP vaccine. Separate doses of the three vaccines for children are not available any longer in the U.S.. For children, the only combinations are DT, DTaP or Tdap.

Q: Where can I get split-up, single dose MMR vaccine for my baby or preschooler?

A: The MMR shot contains three live virus vaccines (Measles-Mumps-Rubella). Some parents want to administer the three vaccines separately and space them out. However, the separate measles, mumps and rubella vaccines are no longer available in the U.S. because the manufacturer has stopped marketing the separate vaccines. If state laws require only two doses of rubella vaccine but three doses of measles vaccine, the only option is for a child to get three doses of MMR.

Q: Our doctor said my wife had no antibodies to rubella and recommended that she get the MMR after our child was born. About a week after she got the vaccine, she broke out in a rash, had a fever, and all her joints were stiff and painful. Could this be a reaction to the vaccine? My wife is nursing, was my child exposed to this vaccine?

A: The symptoms you have reported have been associated with adverse reactions to the MMR. The MMR (measles-mumps-rubella) vaccine contains three attenuated live virus vaccines and a nursing infant would be exposed to the live viruses in the vaccine through the breast milk. All live virus vaccines can transmit vaccine strain virus through breast milk and other bodily fluids, such as waste products. There have been documented cases of vaccine strain chickenpox transmitted from a recently vaccinated child to other children and to pregnant women. The live oral polio vaccine (OPV) recommended for use in the U.S until 1999 could transmit vaccine strain polio virus and cause paralytic polio in vaccine recipients or those who came into contact with an individual receiving OPV.

Q: Does my newborn need the Hepatitis B vaccine in the hospital?

A: Unless the mother is positive for Hepatitis B or there are other risk factors (such as the need for frequent blood transfusions), hepatitis B is not a disease commonly encountered by infants. Hepatitis B is primarily transmitted by IV drug users and those with multiple sexual partners.

Hepatitis B vaccine is routinely given to infants in the newborn nursery of hospitals at between two hours and 12 hours of age. If you do not want your infant to be injected with hepatitis B vaccine at birth, it is important to make that notation on the written forms that are signed by mothers upon entering the hospital to give birth.

An additional precaution is taken by some mothers by having the baby's father or another family member accompany the newborn at all times during the first 24 hours when the baby is not with the mother. Unfortunately, there are cases where medical personnel disregard the written instructions and administer the hepatitis B vaccine to newborns despite written and verbal instructions by the parents to defer the hepatitis B vaccination until a later date. For more information and resource links, view the related FAQ on Infant Hepatitis B vaccination (https://www.nvic.org/faqs/infant-hepatitis-b.aspx) here.

Q: My neighbor's children were vaccinated for chickenpox (varicella zoster) and one developed chickenpox lesions. Can my child get chickenpox from the vaccine or from children who have been recently vaccinated?

A: Yes, about 4 to 10 percent of children who have been recently vaccinated have developed a rash with chickenpox lesions within 7 to 21 days after vaccination. It is thought that children who develop lesions after getting varicella zoster vaccine are contagious and can transmit varicella zoster vaccine strain chickenpox to others.

A few studies have documented transmission of vaccine-strain chickenpox from a recently vaccinated person to non-vaccinated children who then developed chickenpox lesions. Specifically, a study showed that five months after two siblings were immunized with varicella zoster vaccine, one developed chickenpox. Two weeks later the second sibling got a mild case of chickenpox and the virus was found to be vaccine-type, which gave evidence for transmission of vaccine strain chickenpox from sibling to sibling. Another study described transmission of vaccine strain chickenpox from a recently vaccinated mother to her two children.

Q: My child is immune-compromised and has not had the chickenpox vaccine. Should he be vaccinated? What should I do if he is exposed to chickenpox?

A: This is a question that needs to be discussed with one or more qualified health care providers. Although the CDC recommends that immunocompromised persons get chickenpox vaccine, it is a live virus vaccine and the risks and benefits as well as timing of vaccination need to be carefully considered. NVIC has been informed by some parents that the anti-viral drug Acyclovir has been prescribed by their child's physician to treat chickenpox. Other parents have indicated that their child's physician prescribed hyper-immune gamma globulin (http://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/FractionatedPlasmaProducts/ucm333204.htm).

Q: Is it true that children can get polio from the polio vaccine?

A: Yes, some children who get the oral (by mouth) live polio vaccine (OPV) have developed cases of vaccine-strain paralytic polio. Outbreaks of vaccine-strain polio have been documented in India, Indonesia and Nigeria. In 1999, the U.S. stopped using the live oral polio vaccine (OPV) and switched to the inactivated polio vaccine (IPV), which is injected. NVIC is not aware of any cases of vaccine-strain polio associated with use of the inactivated polio vaccine.

Q: Is it true that monkey viruses contaminated polio vaccines?

A: Yes, SV40 (the 40th simian virus to be identified in polio vaccines) did contaminate both early inactivated Salk vaccine and live oral polio (Sabin) vaccines made using monkey kidney tissues. Original OPV seed stocks were contaminated with SV40. Today, SV40 has been identified in brain, bone and lung tumors affecting children and adults. There is ongoing controversy about the association between SV40 contaminated polio vaccines and increases in brain, bone and lung cancer in children.

Q: I'm interested in getting the smallpox vaccine. Where can I get it and are there any issues that I should be concerned about?

A: Smallpox vaccine is not routinely administered in the U.S. to civilians. You should contact your physician or local health department. After September 11, 2001, there were concerns about a bioterrorism attack using weaponized smallpox virus. Federal officials made tentative plans to extend stored smallpox vaccine supplies and offer smallpox vaccinations to all Americans. NVIC has prepared information (https://www.nvic.org/Vaccines-and-Diseases/Smallpox.aspx) to educate the public about smallpox and smallpox vaccine. Federal plans to use old smallpox vaccine supplies were eventually scrapped and new smallpox vaccines are being developed under Bioshield legislation passed since 9/11.

« Return to FAQ Table of Contents (https://www.nvic.org/faqs.aspx)

DTaP, IPV vaccines Exhibit 26
to be given

National Vaccine Information Center

Pediarix

Your Health. Your Family. Your Choice. (https://www.nvic.org/)

Who Should not get Hepatitis B Vaccine?

According to the CDC anyone who has ever had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose. Anyone with a severe allergy to any part of the vaccine should not receive the vaccine. People who are moderately or severely ill at the time the vaccine is scheduled should wait until they recover before getting hepatitis B vaccine.

TwinRix (Hepatitis A and Hepatitis B combination vaccine) should not be administered to anyone younger than 18 years of age. Pediarix (Diphtheria and Tetanus Toxoids and Acellular Pertussis, Hepatitis B and Inactivated Poliovirus combination vaccine) should not be administered to anyone younger than six weeks or older than six years of age.[1]

Also, information about contraindications (reasons why a person should not get a vaccine) to hepatitis B vaccine are contained in the manufacturer's product information package insert that accompanies vials of vaccine provided to doctors and other medical personnel administering the vaccine.

- According to Merck, Recombivax-HB should not be administered to anyone with a history of allergic or hypersensitivity reaction to any component of the vaccine, including yeast. The vial stopper and syringe plunger stopper and tip cap contain latex, which can cause allergic reactions. Caution should be used in administering this vaccine to any premature infant due to the risk of apnea. As well, this vaccine should be delayed at least 1 month (or until hospital discharge) for infants weighing less than 2,000 g (4.4 lbs) if the mother is known to be hepatitis B negative. It is unknown whether Recombivax-HB can cause fetal harm or affect reproduction and should only be administered to a pregnant woman if clearly needed. It is also unknown whether the vaccine is excreted in human milk and caution should be used when administering to nursing mothers.[2]
- According to GlaxoSmithKline, Engerix-B should not be administered to anyone with a history of an allergic or hypersensitivity reaction to any component of the vaccine, including yeast. The tip cap of prefilled syringes contain latex, which can cause allergic reactions. Caution should be used in administering this vaccine to a premature infant due to the risk of apnea. As well, this vaccine should be delayed at least 1 month (or until hospital discharge) for infants weighing less than 2,000 g (4.4 lbs) if the mother is known to be hepatitis B negative. It is unknown whether Engerix-B can cause fetal harm or affect reproduction and should only be administered to a pregnant woman if clearly needed. It is also unknown whether the vaccine is excreted in human milk and caution should be used when administering to nursing mothers.[3]
- According to GlaxoSmithKline, Twinrix (Hepatitis A & Hepatitis B) should not be administered to anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of hepatitis A or hepatitis B vaccine. Anyone who

has a severe (life threatening) allergy to any vaccine component, including yeast and Neomycin, should not get the vaccine. The tip caps of the prefilled syringes contain latex and may cause allergic reactions in sensitive individuals. TwinRix is a pregnancy category C biological and it is unknown whether the vaccine can cause fetal harm or affect reproduction capacity. Caution is advised when considering administration of Twinrix to nursing mothers, as it is unknown whether the vaccine is excreted in human milk. Twinrix should be given with caution to persons with bleeding disorders, such as hemophilia or thrombocytopenia, and to persons on anticoagulant therapy. Twinrix should not be given to anyone under 18 years of age.[4]

- According to GlaxoSmithKline, Pediarix (DTaP, Hepatitis B, Inactivated Polio) should not be given to anyone who has had a severe reaction to a previous dose of diphtheria toxoid, tetanus toxoid, pertussis antigen, poliovirus or hepatitis B vaccine or a component of the vaccine, including yeast and neomycin or polymyxin B antibiotics. The tip caps of the prefilled syringes contain latex, which may cause an allergic reaction. Infants and children who developed encephalopathy (example - coma, seizures, and decreased level of consciousness) within seven days of a pertussis-containing vaccine should not receive Pediatrix.. Also, any infant or child who developed a progressive neurological disorder, such as progressive encephalopathy, uncontrolled epilepsy and infantile spasms should not be given Pediarix. The manufacturer warns that if a fever of 105.7 F (40.5 C), collapse or shock-like state (hypotonic-hyporesponsive episode), persistent, inconsolable crying lasting three hours or more occurred within 48 hours, or if seizures (with or without fever) occurred within three days of a previous pertussis-containing vaccine, there should be careful consideration of the potential benefits and risks of giving Pediatrix. If Guillain-Barre syndrome occurred within six weeks of receiving a tetanus toxoid containing vaccine, careful consideration of the potential benefits and risks should be taken before administering Pediarix. Pediarix should not be given to anyone under the age of six weeks or over the age of six.[5]
- According to Dynavax, HEPLISAV-B (adjuvanted recombinate vaccine) should not be given to adults with a history of severe allergic reactions to any previous hepatitis B vaccine, or any component of HEPLISAV-B, inclusive of yeast.[6]
- According to the MCM Vaccine Company, VAXELIS (DTaP, inactivated polio, HIB conjugate, recombinant Hepatitis B) **should not be administered** to anyone with a history of a severe allergic reaction to a previous dose of VAXELIS, any ingredient found in VAXELIS, or any other tetanus toxoid, diphtheria toxoid, pertussis-containing vaccine, hepatitis B vaccine, inactivated poliovirus vaccine, or *influenzae* type b vaccine. VAXELIS should not be given to anyone who has suffered encephalopathy within seven days of a previous pertussis-containing vaccine with no other identifiable cause. Anyone with a history of progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, or progressive encephalopathy should not receive VAXELIS until a treatment regimen has been established and the condition has stabilized. Careful consideration should be given to the benefits and risks of VAXELIS before administering the vaccine to someone with a history of fever at or above 105 degrees F, a hypotonic-hyporesponsive episode, or persistent, inconsolable crying lasting more than three hours within 48 hours after a pertussis-containing vaccine, or who has suffered seizures within three days after a previous pertussis-containing vaccine. A causal relation between tetanus toxoid and both brachial neuritis and Guillain-Barré syndrome has been determined by the Institute of Medicine (IOM). If Guillain-Barré syndrome occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid, the risk for Guillain-Barré syndrome may be increased following VAXELIS. Apnea in infants born prematurely has been associated with the administration of intramuscular injections, including VAXELIS. Administration of this vaccine should only be considered after careful assessment of the infant's health status, along with the potential risks and benefits of vaccination. VAXELIS is approved for use in infants and children 6 weeks through 4 years of age, prior to their fifth birthday. Infants younger than 6 weeks of age, and children 5 years of age and older should not receive VAXELIS.[7]

IMPORTANT NOTE: *NVIC encourages you to become fully informed about Hepatitis B and the Hepatitis B vaccine by reading all sections in the Table of Contents , which contain many links and resources such as the manufacturer product information inserts, and to speak with one or more trusted health care professionals before making a vaccination decision for yourself or your child. This information is for educational purposes only and is not intended as medical advice.*

Case 1:19-cv-01142-RB Document 1-5 SEALED Filed 11/05/19 Page 35 of 60

« Return to Hepatitis B Table of Contents (/vaccines-and-diseases/Hepatitis-B.aspx#hepbtoc)

« Return to Vaccines & Diseases Table of Contents (/vaccines-and-diseases.aspx)

References

1 FDA. Pediarix Package Insert (https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm146759.htm).

2 FDA. Recombivax-HB Package Insert (https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm110098.htm).

3 FDA. Engerix-B - Package Insert (https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm110102.htm)

4 FDA. TwinRix - Package Insert (https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm094035.htm).

5 FDA. Pediarix Package Insert (https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm146759.htm).

6 FDA. HEPLISAV-B – Package Insert (https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm584752.htm).

7 FDA. VAXELIS – Package Insert (https://www.fda.gov/BiologicsBloodVaccines/ucm629107.htm)

Q: Risk of elevated low neutrophils Exhibit 27

PubMed

Format: Abstract

Pediatr Infect Dis. 1985 Jan-Feb;4(1):22-6.

Ceftriaxone administered once or twice a day for treatment of bacterial infections of childhood.

Higham M, Cunningham FM, Teele DW.

Abstract

Twenty-six children received a single daily intravenous dose of ceftriaxone, 50 mg/kg, for a variety of bacterial infections including abscess (5), cellulitis (5), periorbital cellulitis (5), bacteremia without focus (4), osteomyelitis (2), pneumonia (2), pyelonephritis (2) and otitis media (1). Organisms isolated from infectious foci were Staphylococcus aureus (9), Streptococcus pneumoniae (6), Streptococcus pyogenes (3), Escherichia coli (2); and Haemophilus influenzae type b, nontypable H. influenzae, Group B streptococcus, Pasteurella multocida, Haemophilus parainfluenzae and satelliting streptococcus (1 each). Microbiologic cure was achieved in 20 of 22 (91%) infections and clinical cure in 25 of 26 (96%). Fifteen possible adverse reactions occurred in 34 patients evaluable for drug safety; most were mild and self-limited. Neutropenia developed in two patients necessitating discontinuation of ceftriaxone in one, followed by prompt resolution. Seventeen children received ceftriaxone, 75 mg/kg/day, in two divided doses for a similar variety of infections. Bacteriologic and clinical cure rates of 100 and 94%, respectively, were demonstrated. Leukopenia developed in one patient and resolved when ceftriaxone was discontinued. Once a day dosing of ceftriaxone in pediatric patients provides greater ease of administration combined with efficacy equal to that achieved with a divided dosage schedule.

PMID: 3969362

[Indexed for MEDLINE]

2 out of 26 - neutropenic
1 out of 17 - leukopenia (cd. to neutrophils as well)

=decent odds of lowering neutrophils

Publication types, MeSH terms, Substances

Exhibit 28

——— Forwarded message ———
From: **Dr Sara Featherstone** <drsara@monadnocknaturalmed.com>
Date: Thu, Sep 27, 2018, 3:21 PM
Subject: Treatment Plan
To: <malinda3@gmail.com>

[Quoted text hidden]

A[redacted]s treatment plan by dr ellis.jpg
3.8 MB

Malin <malinda3@gmail.com> Thu, Sep 27, 2018 at 4:25 PM
To: buttonmantony23@comcast.net
Cc: Malinda Nicolosi <malinda3@gmail.com>
Bcc: Maryanne <hqcnaapro@aol.com>, Sarah Gutierrez <emailerette@yahoo.com>

——— Forwarded message ———
From: **Dr Sara Featherstone** <drsara@monadnocknaturalmed.com>
Date: Thu, Sep 27, 2018, 3:21 PM
Subject: Treatment Plan
To: <malinda3@gmail.com>

[Quoted text hidden]

A[redacted]'s treatment plan by dr ellis.jpg
3.8 MB

Malin <malinda3@gmail.com> Thu, Sep 27, 2018 at 4:46 PM
To: Lilac Natural Medicine <info@lilacnaturalmedicine.com>
Cc: buttonmantony23@comcast.net
Bcc: Sarah Gutierrez <emailerette@yahoo.com>, Maryanne <hqcnaapro@aol.com>

Tony i copied you so you're in the loop of what i just sent Dr Haff.

Cant said Tony was never notified

——— Forwarded message ———
From: **Dr Sara Featherstone** <drsara@monadnocknaturalmed.com>
Date: Thu, Sep 27, 2018, 3:21 PM
Subject: Treatment Plan
To: <malinda3@gmail.com>

[Quoted text hidden]

A[redacted]'s treatment plan by dr ellis.jpg
3.8 MB

Exhibit 29
permission to Tony

Find messages, documents, photos or people

Home

Compose

Back | Archive | Move | Delete | Spam

Inbox 999+
Unread
Starred
Drafts 389
Sent
Archive
Spam
Trash
Less

Views Hide
Photos
Documents
Deals
Purchases
Groceries
Travel
Tutorials

Folders Hide
+ New Folder
Drafts
Junk 1
Outbox

Update time zone

A[redacted] Yahoo/Inbox

Malin <malinda3@gmail.com> Oct 11, 2018 at 9:21 AM
To: Dr Featherstone
Bcc: emailerette@yahoo.com

Hi! Thank you so much for speaking with me and its always a pleasure talking to you.

First, I wanted to give you permission to speak or email Anthony Grillo. His phone is 949-929-4037 and his email is buttonmantony23@comcast.net.

Second, I wanted to ask a few questions but didn't want to keep you on the phone as you had patients to see. Sorry for keeping you the phone.

So my main concern is A[redacted]s health and i just want to make sure of a few things and maybe you can relay them to Tony too...

A[redacted]'s 2nd birthday is [redacted] and i wanted to throw a little party but im nervous. Should he not be around any kids at this time until his counts go up? If he should not be can you also PLEASE let Tony know this as well because he has a big family and i know he will most likely throw a big party for him.

Tony made an appointment for Boston childrens hospital although i told him not to. Do you think the hospital would be willing to do a phone conference instead like you and I did? I want to mention that to him if hes insisting on going there.

Also, A[redacted] has been biting and hitting now. I've showed him to do nice and right after he hits or bites he will do nice and give kisses but, Is that normal for him to be doing that at his age?

Lastly, i don't know if i should direct this question to dr Ellis but if you think so then ill ask him. The supplements i am giving A[redacted] are: maitake (he loves taking it by the dropper) bacillus coagulans and beta glucan (I pour into food and mix) shark liver oil (i squeeze out of capsule and onto a spoon). My question is.. i also mix his multivitamin (vitaspectrum) in with the bacillus coagulans and beta glucan. Is that ok for all 3 to be mixed together with food? Its mostly beet juice and sweet potatoes. If that's ok i will tell Tony about it so when he does order them (hopefully after speaking to you he does) it will make it easier for him to know how to give them to him.

Thank you so much!!!!
Malinda

 Exhibit 30

Lilac Natural Medicine

Michelle Haff, ND
170A Lowell Street
Manchester, NH 03104
Phone: (603) 707-4433
Fax: (888) 652-3587

September 5, 2018

To Whom It May Concern:

A[redacted] N[redacted] G[redacted] is under my medical care for Neutropenia, a condition which leaves him immunocompromised. It is my recommendation that Anthony avoid daycare at this time, as this would expose him to illnesses that pose a risk to his health.

Feel free to contact me should you have any questions.

Sincerely,

Dr. Michelle Haff

Temporary Injunction Exhibit 31

(This Objection was filed with New Hampshire Supreme Court, but there is confusion on where to file, since docket is now in with Supreme Court and Petitioner's motion was filed back in the Derry District Court)

STATE OF NEW HAMPSHIRE
ROCKINGHAM, SS. 10TH Circuit-Family Division-Derry
Docket No: 622-2018-DM-0053
IMO of Anthony Grillo and Malinda Nicolosi

Objection and Cross-Motion to Mr. Grillo's Motion for Sole Residential Responsibility or Dismissal of His Motion

Now comes Respondent, who respectfully submits the following:

Mr. Grillo should be held in contempt for the following reasons:

1. Mr. Grillo is in VIOLATION OF 9/25/19 COURT ORDER that states, "Father shall comply with his obligation to provide mother with A[redacted]s medical information (health, mental, dental, & eye) and the providers' recommendations. The information shall include copies of records, reports, and/or letters; not just father's oral summary.": Today, October 21, 2019, at my son's surgery, the nurse handed me a report that had all of my son's information about his oral health. Mr. Grillo had this information since A[redacted]s last visit with Dr. Morell on September 12, 2019 and has never given it to me. I asked Mr. Grillo several times for ALL doctors' and dentists' reports, not just the dental plan for the surgery.

2. Mr. Grillo is again in VIOLATION OF 9/25/19 COURT ORDER (see order description above): Up until late last night (October 20, 2019), I had been asking Mr. Grillo to send me the surgery prep instructions for A[redacted], not Mr. Grillo's own instructions, and he refused, saying I had these, but these were given to *him*, not me, because he had medical say and let them believe he had dental say as well, so I never had them in my possession. When I told him I didn't have these, he still refused, knowing I had the baby in my care the night before surgery and needed those prep instructions, and couldn't call the hospital for them because it's against Court Order

3. Mr. Grillo is again in VIOLATION OF 9/25/19 COURT ORDER (see above): In the above-mentioned report I received today, it stated that my son had an infection. Mr. Grillo knew about this since the September 12, 2019 visit and never told me. *Last I was aware of*, Dr. Morell told us there was NO infection present when we spoke with her on August 19, 2019. During that conversation, she also said, *if we put the sealants in A*[redacted]s back teeth, there was no rush for the surgery, and A[redacted] would be fine to wait until her next available date, which was October 21, 2019.

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4. Mr. Grillo has NEGLECTED TO FOLLOW ADVICE OF DR. MORELL, WHICH CAUSED ANTHONY UNNECESSARY PAIN, INFECTION (I discovered today after nurse gave me medical summary Mr. Grillo did not give me), AND AN EMERGENCY VISIT TO DR. MORELL: On September 12, 2019, A[redacted]s molar was hurting him, and I asked Mr. Grillo to call Dr. Morell and have her look at A[redacted]. I also asked Mr. Grillo, if he could ask Dr. Morell to do the sealants that same day, since Mr. Grillo did not schedule the sealants to be done after Dr. Morell suggesting the sealants be done right away to halt the progression of the cavities on August 19, 2019.

5. NEGLECT: While we were at the September 12, emergency visit and I was in the waiting room, Tony texted me telling me that Dr. Morell wanted to know if we wanted to fill the other teeth. I replied "yes but just hold off on the 3 front teeth," because one dentist told us that with a good diet and oral care, those ones may heal. After my texting this, Mr. Grillo did not have the other cavities filled for unknown reasons.

6. FALSE ALLEGATIONS: Mr. Grillo said I demanded that he come out at Dr. Morell's visit to update me on what was going on with A[redacted]. I believe this court can gather from Mr. Grillo's history that NO ONE demands Mr. Grillo to do ANYthing.

7. NEGLECT/PUTTING A[redacted]S HEALTH AT RISK FOR NO REASON: For the past 8 months, I have been asking Mr. Grillo to have a neurological assessment of A[redacted]s combined neurological symptoms, and he's refused. Now A[redacted]s Exotropia has progressed to both eyes.

8. NEGLECT/PUTTING ANTHONY'S HEALTH AT RISK FOR NO REASON: Since the progression of the exotropia, and the opthamologist saying it's probably genetic, along with Dr. Bottrill saying A[redacted]s oral health may have a genetic cause, and since I ran an ancestry DNA test on A[redacted] and when I had it reviewed and Dr. Becker, who specializes in children's diseases and genetics and she reported that A[redacted] has a mutation that can cause neurological issues and difficulty detoxing chemicals, I asked Mr. Grillo several times just recently to ask Dr. Gerdemann and Dr. Summers have A[redacted] be assessed by a neurologist and the Genetics/Genomics Dept. at BCH and he refused.

9. WITHHELD MEDICAL INFORMATION: Mr. Grillo withheld the part of the visit that the opthamologist said that A[redacted]s condition was permanent, and the next day told me that he didn't want to tell me.

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10. WITHHOLDING MEDICAL INFORMATION PRESENTLY and once again, TERMINATED A GREAT RESOURCE/CONSULTANT FOR ANTHONY to potentially help us find out what may be at the root of his health conditions: Mr. Grillo is refusing to give me A[redacted]s record of the consultation and any other information he obtained from Dr. Becker, who analyzed A[redacted]s genetic report that I sent her, "because she is not A[redacted]s doctor and that will be dealt with in court." This is medical information obtained from a doctor regarding A[redacted]s health/genetics that Mr. Grillo has no authority to withhold, regardless of what he considers the doctor's relationship with my son. Why would Mr. Grillo want to withhold my son's genetic or any information in that file from me? This was clearly a consultation, not treatment, and although Mr. Grillo accused me of having A[redacted] "treated" by Dr. Becker, it is clear in her report that there was no treatment, and none planned. It was an analysis of a mutated gene that may cause him problems. Mr. Grillo is not interested in putting in the time or effort to get to the bottom of my son's health problems, but my son deserves someone pushing to find out "WHY" he has his problems. I've been advised by prior counsel that I am allowed to consult with whomever or do any research I desire, as long as there is no treatment done on A[redacted] without other parent's consent, and I shared this information with Mr. Grillo to look further into it, but he refused for no reason.

11. ABUSING HIS AUTHORITY AND ALIENATING ME: Just as Mr. Grillo had removed my telephone number from Dr. Wheeler's records, and from Elliot Hospital records without telling me, while I was on the Boston Children's Hospital Portal 3 weeks ago, I saw he removed my contact information completely, even as an emergency contact.

12. If there is an emergency with my son at Boston Children's Hospital, I will not be contacted.

13. Petitioner has not shown/proven any neglect for A[redacted] on my part, or even that I have violated Court Orders in any way. I held onto to my parenting day, which is my right, according to Court Order, and not because I was trying to be difficult and not work with the cancellation Dr. Morell had, but because of previous, *important* engagements already planned for that day (TWO deaths in the family that week and family coming in from all over, who had never met A[redacted]. Had Mr. Grillo not withheld the following information from me, these familiy events would have no doubt been *secondary* to the procedure being done earlier than the originally scheduled appointment. I asked Mr. Grillo *several times* for ALL records, or a statement coming from Dr. Morell saying that there was a change in A[redacted]s condition, and it should be done prior to the scheduled appointment. Mr. Grillo could have just sent me the page the nurse handed me stating there was now

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infection, instead of his opinion that this needed to be done right away. Mr. Grillo forwarded me a letter from Dr. Morell *after* the procedure.

14. WITHHOLDING MEDICAL INFORMATION: Without my consent, Mr. Grillo rescheduled A[redacted]s October 21, 2019 dental appointment to October 7, 2019 (my day to have parenting time with A[redacted], because the dentist had a cancellation. I did not agree to this, for the reasons that I was unaware that MY SON HAD AN INFECTION, which Mr. Grillo was informed of at the September 12, 2019 emergency visit with Dr. Morell and did not share with me. Since I had no records stating this and Mr. Grillo never in any communication said there was infection, and last I was told was that there was NO urgency in A[redacted]s procedure being done (Dr. Morell on August 19, 2019), I was not afraid to make family grievances a priority. Mr. Grillo, *afterwards* forwarded me a letter from Dr. Morell notifying me of her changed position on the urgency of A[redacted]s procedure.

15. Mr. Grillo has more and more been trying to alienate me, and has now many times, threatened to take away my parenting rights completely.

16. Not only should the above be proof enough of Mr. Grillo's abusing his medical-decision making once again, but should also prove he is undermining my authority and rights to my parenting.

17. MEDICAL NEGLECT: January 2019, Great Plains Lab wouldn't release A[redacted]s lab results because of non-payment. The Customer Service rep informed me that Blue Cross/Blue sent Mr. Grillo 2 checks with an EOB to pay Great Plains Lab (an out of network lab, so the Insured gets the check and has to send it to lab). Mr. Grillo cashed both checks for the sum of $917, on August 2, 2018, and did not pay my son's labs until a year later, after I notified the court of this.

18. Mr. Grillo would not put "his son" on his insurance so A[redacted] could see a doctor who we really liked, until 8 months later. This was an additional $26/month that I offered to pay.

19. Mr. Grillo asked me to sign to be the father 4 days before taxes were due (April 11, 2017) 2 days later he told me this was going to save him like $5000 on his taxes, and we had a very heated argument, because he hadn't been supporting Anthony. I was still working and supporting him.

20. Mr. Grillo had $1700 in a college fund under his name only from money A[redacted] received from his baby shower. This money was withdrawn and Mr. Grillo never told me where it went and the court did not make him account for it.

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21. Referee Cross stated in July 30, 2018 Order that Mr. Grillo has been paying child support. He never paid child support until the court made him. Referee Cross' proof that Mr. Grillo was paying child support was a simple "Yes" when he asked Mr. Grillo. Mr. Grillo presented to the court a blank child support form which was sent to him, but he never returned it to Child Support, so he was REFUSING to pay child support, and he was NOT voluntarily paying *me*. He even stopped the delivery of diapers to A[redacted] when I texted him to not contact us. The diapers were a promised baby shower gift from his friend that were supposed to be delivered to the house until A[redacted] was out of diapers. Mr. Grillo stopped this delivery right after my text to him to not contact us. Did his son no longer need diapers? I don't need the diapers. Was he afraid I would sell them and get money for them? *There was no need to stop diapers to a son he loved*. I did not get any benefit from the diapers and it wasn't costing him anything. This was spiteful unfatherly-like behavior. Mr. Grillo's intentions are NOT of a true father. I made a grave mistake, but I only had best intentions for my son when I let Mr. Grillo sign the Paternity Affidavit, and I had NO IDEA it could have been rescinded until Mr. Grillo's attorney mentioned it in his objection and I looked it up, because we were never given any information, orally or in writing, about the process. Two very negative incidences, which occurred and opened my eyes to his complete behavior change/control, happened within the 60-day time period that was allowed to rescind the contract. HAD I BEEN AWARE OF THIS RIGHT, we would not be here today, and I would not be struggling with my son's health or threatened to lose custody of my son. There was no information provided to us whatsoever, and DHHS has re-done and re-trained city hall employees and hospital employees in this process because of my case. Mr. Grillo STILL hasn't filed his taxes because he's waiting on the court to give him the go-ahead) he wasn't so controlling or risking my son's health or rejecting everything I try to do with my son for the sake of getting even with me or my sister and getting custody of A[redacted] so I have to go live with him. There is nowhere in the pleadings or in court where he has ever denied this when I've accused him of it.

22. Today, my son had a very aggressive surgery done on him… 2 hours under general anesthesia, 4 root canals, 4 caps, and 8 fillings. My son is TWO YEARS OLD. He has 16 of his 19 teeth repaired/filled. The court had warned me that if I talk to Mr. Grillo or his family about my son's diet or not eating sugar (while 2 doctors put in writing that sugar bottoms out my son's neutrophils, and neutrophils are the white blood cells that fight bacteria/cavities, and his family LOVES their sweets and Tony has even told Dr. Haff that "We all need a little sugar"), I would be alienating him and risking losing my parenting time. 3 months after visits with Mr. Grillo start and he is now taking my son 3 times a week (when he never had A[redacted] overnights before, his choice), my son gets his first cavity. 2 months later, 4 cavities, etc. Tony and his family STILL feed my son sugar, even after my son's neutrophils continuously plummeted after visits with Mr. Grillo started, and he was warned about the sugar

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dropping neutrophils. **The night before the procedure (last night), Mr. Grillo's sister got him cookies and was trying to give them to A[redacted] when I asked her 3 times to wait until he was done eating his food, and then made a comment to my son when Mr. Grillo was trying to give him medicine, saying "A[redacted], come on drink it, it tastes like *bubblegum*! It's yummy! You like bubblegum!"** Would they feed their kids sugar if they knew sugar spreads cancer? Earlier tonight, when I brought A[redacted] to meet with Mr. Grillo for him to administer medicine to my son (because I've been accused of not giving him medicines), **Mr. Grillo suggested giving the medicine mixed with chocolate pudding. They do not understand how sugar is poison in my son's body.** He and his family do not understand how detrimental sugar I have no chance at helping my son's health when half the week my son's eating things he shouldn't, so my son will just keep losing his teeth. The Court has made me helpless to my son in this regard. One dentist said I need to stop this, and I said to her, "I have no say. I've been threatened to have my son taken away from me, so I have to appreciate that I can do what I can do while I have him half the week, then repair what I have to when he comes back. I'm obviously losing this court case and my son's paying for it. My son tells me Mr. Grillo's mom gives A[redacted] ice-cream, Mr. Grillo's sister gives him lollipops, and Tony gives him chocolate. **I'm watching my son right now sleeping, with a swollen mouth and swollen eyes and almost every tooth with some foreign material now in it, including 4 metal crowns. This didn't have to be.**

23. My son had an aggressive procedure done today, before which, I had requested of Mr. Grillo that he have 3 tests done on A[redacted] before this surgery. These 3 tests are blood tests, which he was having done anyways before the surgery. These tests could have saved my son from having to undergo another procedure in the future and could have helped to avoid many risks of the procedure, anesthesia, and materials placed in his mouth, for both short and long term, and for no reason, Mr. Grillo refused them. He would rather have the satisfaction of saying "no" to me, than to do something proactive that I request, even if it *may* be beneficial to A[redacted].

24. The Court's Final Orders say I'm to stop giving my son his regimen of supplements that several doctors have admitted are probably keeping my son symptom free, and after Dr. Bark tweaked the regimen after my son's neutrophils had dropped down to 90 (neutrophils started dropping right after visits with Mr. Grillo started), not only did the neutrophils start increasing considerably, but Anthony stopped getting sick again. She did this in February, and A[redacted] hasn't been sick since until an ear infection he just came home with after this past weekend. Since February, my son's neutrophils went from70 to 1093 to 1380 to 2970! He is no longer neutropenic! The court ordered me to stop this. Do I stop healing my son, so I can keep him with me half the week, or do I keep healing my son until Mr. Grillo tells the court I am

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disobeying court orders (*his* orders, since this was in his parenting plan to stop the regimen and the court adopted his plan), and they take him away? That's been the choice I've been given with this order (or with Mr. Grillo's order). Mr. Grillo has turned this case's focus from best interests of my son, into a war of Naturopathic Doctor vs. Medical Doctor. They've portrayed my family as "natural freaks" when all of A[redacted]s doctors were *medical* doctors that I've chosen. My son is PAYING for this charade Mr. Grillo has made with this case, and my son was taken from excellent care, because a naturopathic doctor who successfully brings a neutropenic child out from being critically ill, is less competent than a medical doctor who says, "There's nothing we can do except monitor his levels until he falls low enough and has serious enough symptoms to qualify him for a drug that will artificially stimulate the neutrophils, but lower other white blood cells, is a shot most likely for the rest of his life, and whose side effects are splenic rupture and severe bone pain, to name a couple." This drug was Mr. Grillo's choice to treat A[redacted], until Dr. Gerdemann, his hematologist told him twice that this was not what they wanted for A[redacted].

25. A[redacted] *has* a biological father, and after Referee Cross had denied **1)**my submitting 2 DNA tests which Mr. Grillo himself obtained, **2)**my Motion to Dismiss, and then **3)**my Motion Disestablish Paternity, and made Mr. Grillo the legal father, I wanted to bring in the real father, but I was warned by 2 attorneys who read the orders and said that it looked like Referee Cross had NO intentions of letting me disestablish Mr. Grillo as the father, so I would likely be doing my son a lot more harm by possibly having to split him up THREE ways… But my son is growing up to look more and more like his real father and it's only a matter of time before this has to be dealt with.

WHEREFORE: With **1)**Mr. Grillo's neglecting my son, **2)**abusing his authority and withholding medical information, numerous times after September 25, 2019 Order, **3)**his relaying contradicting medical information to me and A[redacted]s speech therapist, **4)**his refusal to allow the speech therapist access A[redacted]s opthamology records, **5)**his refusal to ask doctors important questions I have regarding A[redacted]s health, posing risks to my son's health **6)**his threatening me at least 6 times in the last month that he was going to file for full custody, **7)**his trying to forcefully obstruct and undermine my parenting, **7)**his leading Dr. Morell and her staff to believe the dental procedure was to happen on the earlier date when he knew I had no plans to bring the baby to that, and letting them prepare for a procedure that he knew A[redacted] would not be there for, **8)**his going down to the procedure, pretending he did not know A[redacted] was not going to be there, or possibly saying that I had just informed him that A[redacted] was not going to be there, so he could obtain a letter from Dr. Morell saying I did not show up with A[redacted] for the procedure (setting me up), proves that once again, Mr. Grillo's need for control is clouding his ability to make rational medical decisions for A[redacted];

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I respectfully request that this Honorable Court:

A. Find Mr. Grillo in Contempt.
B. Place sole-medical, dental, eye, and mental health decision-making with the mother so that there is progressive treatment and no cancelations, no taking doctors aside and defaming other parent, so false allegations are documented and follow in the medical records, there's no conflict or overpowering the other parent and cutting doctor off mid-sentence, and as a result, there's a well-documented (we have binders of all of our family's health to keep track), even-exchange of health information, in a non-stressed, environment, where the baby also is not stressed. A[redacted] has never gotten upset about going to the doctors before and now he cries and says, "No..." if you mention it. There is also a documented appointment where the exam was incomplete because A[redacted] would not cooperate.
C. Stop overnights with Mr. Grillo, since we were warned by Dr. Featherstone, and I warned the Court that this could be the root of A[redacted]s stress and neurological issues, and the exotropia has now progressed. The nursing bond was cut in half, unnecessarily, and has been the most important part of the regimen to boost A[redacted]s immune system. Mr. Grillo sleeps through Anthony's waking 1-2 times a night with all his sleep aids.
D. Allow Mr. Grillo to pick his days and hours to have A[redacted], but to arrive with A[redacted] evenings he has him no later than 7:30, so I can get him settled and in bed by 8pm.
E. Allow me to call and have the option of talking with A[redacted] about what he is eating or have A[redacted] eat at home or bring food from home.
F. Allow my residence to be outside of Londonderry. I should not be restricted to remain in the same town for convenience of being on Mr. Grillo's way to work and where he frequents his smoke shop.
G. Dismiss Mr. Grillo's Motion requesting to limit mother's parenting time. Knowing our case has been brought to the Supreme Court, he still filed in Derry District and unless he is filing a new petition under a new docket number filed in the District Court this should have been filed in Supreme Court.
H. Grant such other relief as may be just and proper.

Date: _____ _____

I, Malinda Nicolosi, hereby certify that on this 21st day of October, 2019, I mailed a copy of the herein to Atty. Jason Sullivan, PO Box 22422, Portsmouth, NH 03802

Exhibit 32

STATE OF NEW HAMPSHIRE
ROCKINGHAM, SS. 10TH Circuit-Family Division-Derry
Docket No: 622-2018-DM-0053
In the Matter of Anthony Grillo and Malinda Nicolosi

RESPONDENT'S MOTION TO REQUEST COURT'S INTERVENTION

Now comes Respondent, who respectfully submits the following:

1. On August 7 and 8, 2019, Petitioner requested that he have sole-dental-decision-making. At present, he does not have this authority.
2. On August 12, 2019, I emailed Petitioner to ask if he could do two things:
    a. Include in the blood draw he was having done on A[redacted], a draw for a biocompatibility test, that would tell us if A[redacted] would react or reject certain dental material. This would prevent any adverse reactions and prevent having to go under anesthesia a second time to replace or remove any material.
    b. Take A[redacted] to Quest Lab here in Derry, instead of Boston, to avoid exposure to a larger number of people with illness. A[redacted] also has a phlebotomist at Quest, with whom he is familiar and usually is successful in the first attempt.
3. **Petitioner immediately after my request, took A[redacted] down to Boston to have the blood drawn, and had it done for the CBC *only*.**
4. **Dr. Morell, the dentist who is scheduled to do the dental work, thought the testing would be a good idea for A[redacted], and gave us the list of the 3 different materials she would be using so we would have it for when the biocompatibility test came back. She said she would postpone the procedure until the results were in.**
5. In our emails before and after the procedure was to take place, Petitioner refused the biocompatibility testing, even after knowing Dr. Morell was on board with this, and I told him that she said it would be no problem for A[redacted] to wait until the test results came back. While sitting with Dr. Morell, Petitioner said he didn't want the test done and didn't have to give a reason. He walked out to call his lawyer **I asked Petitioner if we could work together on this, and if we could get a third party (counselor) to help us to find common ground**. I asked him to tell me his availability so I could set up a time for this, **and received no response** to either request.
6. Petitioner knew that last I was aware of (because of the email I sent him on Friday, August 16, 2019 telling him this), was that the dentist was postponing the procedure for Monday morning, August 19th at 6:45am.

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7. At 5:55am on Monday morning, Petitioner advised me by email, not text or call, that he was on his way down to the dentist with A[redacted] to have the work done, and if I wanted to be there to see my son, I could meet them there at 6:45.
8. When I received the email, I texted Petitioner back saying Dr. Morell postponed the procedure, and he texted back that he spoke with her , after my conversation with her on Friday, and the procedure is still scheduled. He did not notify me of this, so our last communication was my email to him saying Dr. Morell postponed it. Petitioner never responded to this email, but did receive it and called Dr. Morell after it.
9. I called the hospital while on my way down to the dentist in Lexington and was informed that the procedure was being put on hold until the hospital attorney reviewed the court order that Petitioner's attorney had sent over to them. (The nurse came in and advised us that the Hospital Attorney said the procedure was not to happen because according to the Order, Petitioner did not have the authority to dictate that the procedure take place.
10. While Petitioner was outside the room talking with his attorney, **Dr. Morell** apologized for not having contacted me over the weekend -- she thought Petitioner was going to, and she also ***said she didn't understand why the father would not want to do the biocompatibility testing.***
11. Petitioner *knew* he was *requesting* to have dental-decision-making in addition to medical, but hadn't yet been granted this authority, yet told the dentist that he had the authority to make all the decisions and:
    a. **Petitioner obstructed me from *verbally* participating in A[redacted]s dental care** by withholding information about the procedure until it was too late for me to have any say about it.
    b. **Petitioner obstructed me from *physically* participating in Anthony's dental procedure** by making it impossible for me to physically be present for the procedure in the time Petitioner gave me notice that the procedure was to take place. Petitioner, gave me 50 minutes' notice to be down in Lexington.
12. When I was not successful in communicating with Petitioner about the two of us seeing a third party to find some common ground on Anthony's dental work, and since Petitioner has instructed me to do this in the past, **I copied Petitioner's attorney on August 20, 2019, in hopes that Atty. Sullivan could help Petitioner and me with this matter, but Atty. Sullivan's reply to me was to refrain from copying him when communicating with**

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Tony. Later that same day, Tony emailed me asking me to communicate only with his attorney. There needs to be communication, but I am being refused by both.

13. On August 25, at 10:34pm, Petitioner told me he would not reconsider Anthony seeing a dentist who does the biocompatibility test, a test which Dr. Morell said she did not understand why Petitioner would not want to do on Anthony, and that we will wait on the decision from the court to move forward with any appointments.

Petitioner is no longer concerned with fixing Anthony's teeth right away (which he stated as the reason he did not want to do the biocompatibility testing and tried to go forward with the dental work on August 19, 2019), **and now wants to wait for the Court Order to come out.**

Anthony needs help from the Court to allow him to proceed with dental treatment. Dr. Morell has given the go-ahead to do testing, but Petitioner is refusing our son the testing, and is refusing any discussion of the matter until Petitioner gets that authority and doesn't have to discuss the matter with me. **This is a simple blood test and Petitioner's refusal of it is not in the best interests of A[redacted].**

WHEREFORE, Respondent respectfully requests that this Honorable Court:

A. Give permission for Respondent have a dentist do the Biocompatibility Testing, which Dr. Morell has prepared for and believes is a good idea.
B. Order that A[redacted]s parents see a family counselor as soon as one is available, so they can learn ways to effectively communicate about the child. Respondent's many attempts for Petitioner and her to reach out to someone so they may find common ground has been met with excuses and sidetracked since she first started asking Petitioner on September 13, 2018.
C. Grant such other relief as may be just and proper.

8/27/19
Date

Respectfully,
Malinda Nicolosi

Malinda Nicolosi
512 Mammoth Road
Londonderry, NH 03053

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I, Malinda Nicolosi, hereby certify that on the 27th day of August, 2019, forwarded a copy of the herein to Jason M. Sullivan, Esq., P.O. Box 22422, Portsmouth, NH 03802 by mail.

9/16/19 RECOMMENDED: MOTION DENIED FOR THE REASONS CITED IN THE FINAL ORDER AND IN FATHER'S OBJECTION TO THIS MOTION.

Philip D. Cross
Referee

So Ordered:
I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

9/19/19
Date

Signature of Judge

Kerry P. Steckowych
Printed Name of Judge

Tooth injury - did not know how

RECEIVED
NH CIRCUIT COURT
2019 JUL 29 P 3:56

Exhibit 33

STATE OF NEW HAMPSHIRE
ROCKINGHAM, SS. 10TH Circuit-Family Division-Derry
Docket No: 622-2018-DM-0053
In the Matter of Anthony Grillo and Malinda Nicolosi

MOTION TO REQUEST GUARDIAN AD LITEM

NOW COMES Respondent, who requests that the court appoint a Guardian Ad Litem for the following reasons:

1. **Petitioner is not providing adequate supervision for my son, possibly resulting in injury.**

   While in Petitioner's care, on June 23, 2019, my son had a fall which caused him to lose his front tooth, including the root, and loosened the two adjacent teeth, and

   A. **Petitioner did not know *how* it happened.** Both times I asked him for details of the incident, first while we were at Lawrence General Hospital, and then again at the follow-up dentist appointment, Petitioner said, "He fell at a wedding running on a rug. We'll talk about it later." *He could not provide any details*, and he *still* has not told me how it happened. This is at least the third accident with my son that he has not been able to tell me how it occurred.

   B. **Petitioner did not know *when* it happened.** While at Lawrence General, the nurse asked Petitioner when the incident occurred and:

   Petitioner said, "Somewhere between 3 and 4 I believe."
   The nurse said, "Do you think it was closer to 3 or closer to 4?"
   Petitioner said, "I don't know. I'd say probably closer to 3."
   The nurse said, "I'll just put 3:30 then?" Petitioner agreed.

   C. Moments later, Petitioner's sister, Cheri, came into the room and **Petitioner and Cheri were arguing** (raised voices) about the incident, with Cheri saying, "No, Tony, it didn't happen around 3, because that's the time we ate." The fact that there was

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high tension and disagreement between Petitioner and his sister, and that there were no details of the incident, was very concerning.

2. Per usual, **Petitioner talked over the doctor during most of the visit, did not pay attention to what the doctor was saying, and tried to give A[redacted] double the antibiotics prescribed.** (Petitioner is aware that antibiotics lower neutrophils, and **this can be harmful for A[redacted]**)

   A. At this same ER visit, the doctor explained that he was prescribing an antibiotic as preventative treatment, and therefore a 5-day course. He explained that if it were for treating an existing infection, it would be the usual 10-day course. Petitioner did not pay attention to this, and

   B. At a drop-off after the course of antibiotics was completed, my sister brought A[redacted] to Petitioner and he asked her where the antibiotic was. She said I told her A[redacted] was finished, that it was a 5-day treatment and Petitioner was angry and said, "No. He's supposed to get it for 10 days. I even called in another bottle at CVS so there should be plenty left." My sister told him that she knows the bottle is still in my fridge, but that she was positive I told her it was just for the 5 days.

   C. Petitioner became very upset and told her, "No, I called the hospital myself to check, and it's for 10 days."

   D. I later called Lawrence General, there was no record of Petitioner's call, and they confirmed that it was just a 5-day protocol.

3. **Petitioner continues to refuse A[redacted]s medical treatment:**

   A. **Petitioner refused to allow evaluation of A[redacted]s symptoms when advised there could be possible long-term damage.** Since January 28, 2019 A[redacted]:

      1. has had strabismus of his right eye

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2. has been diagnosed with speech, as well as hand-coordination delay (Petitioner denied *this* evaluation as well, but my attorney told me I had a right to have A[redacted] evaluated if we had joint-decision making)
3. has been banging his head on any type of surface, both the back and front of his head, especially while he's lying down having his diaper changed, which is sometimes accompanied by grunting noises
4. has been punching with both fists the front and back of his head

B. I have discussed these issues with Petitioner several times, telling him that I have consulted with James Foster in Manchester, who was willing to meet with Petitioner and me, and then was willing to see A[redacted] if Petitioner and I decided, but **Petitioner refused all 3 appointments that were offered.** I also consulted with another therapist, Richard Donovan. **Both therapists said A[redacted] needs to be seen, that he can potentially be going through a crisis and possibly suffer long-term damage.**

4. **Petitioner violated May 28, 2019 and Ex-ParteCourt Orders, and is abusing his sole-medical-decision-making authority,** is **making decisions that are not in the best interest of A[redacted]**, and is **trying to alienate me:**

A. Petitioner did not "try to agree on a PCP" as stated in May 28, 2019 Court Order, but unilaterally made Dr. Summers A[redacted]s PCP, and defied all 3 requests I asked him to consider in choosing a PCP:

1. That the PCP be knowledgeable about the supplements A[redacted] is taking.
2. That the PCP not be far away so I would not have to bring A[redacted] to Urgent Care or ER when he's sick
3. That the PCP be knowledgeable about vaccine ingredients and any potential risks they may pose to A[redacted] specifically

B. Petitioner chose a doctor who did not fit into one category I requested. Petitioner told me, without discussing or having met Dr. Summers, that Dr. Summers was going to be A[redacted]s PCP. Why would he choose someone he's supposedly never met to

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be his son's PCP? Does he not feel he needs to interview the person who will be in charge of his son's health? This is outright defiance and alienation.

1. Dr. Summers told me he nor anyone in his office will not be dealing with any supplements A[redacted] is taking.

2. Dr. Summers is located 40-45 minutes from where we live, without traffic.

3. Dr. Summers says he is well-versed in vaccine ingredients and potential contraindications/side effects but doesn't have time to discuss this with me.

4. Not once while I was in Dr. Summers' office did he acknowledge my son.

5. Both times, Dr. Summers refused to examine A[redacted], with Petitioner asking the second time, "Are you going to examine him?" and Dr. Summers saying, "No, I don't have any reason to until after your final hearing."

6. At A[redacted]s second appointment/physical with Dr. Summers, I tried to address A[redacted]s symptoms with Dr. Summers and he would not talk about *anything* but vaccinating A[redacted] on that day.

7. **Petitioner would not support me in addressing these concerns** and **after telling me a month earlier that he wanted to have a CBC done on Ar[redacted], because we haven't done one since February, he disagreed with me when I asked Dr. Summers to do one.** So neither a CBC nor exam was ever done on Ar[redacted], while this visit was supposed to be a "physical".

8. When I simply asked Dr. Summers if he was aware that there were 6 doctors that had certain thresholds for when A[redacted] should be vaccinated and asked what his opinion was, he said he would vaccinate, because that's what Dr. Newburger advised, and what the other doctors had to say didn't matter, that "they're not real doctors", that "they're ND's", and that "ND's learn garbage" and he's "not interested in what they have to say."

9. When I told Dr. Summers that 3 of those doctors are MD's he said, "Well, they're not scientists, so they don't know how vaccines would affect a

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14. **Petitioner knows that Dr. Gerdemann has a threshold of >500 before she recommends vaccinating. If Petitioner had the baby vaccinated while he was under 500, he would be going against Dr. Gerdemann's advice, which would also be going against the January 28, 2019 Court Order.** By refusing the CBC, Petitioner would (partly) not be going against her advice, because A[redacted]s neutrophils were last at1093 when he was at Derry Medical with a fever on February 14, 2019. (Dr. Gerdemann noted in the records that a neutrophil count during a fever is not a true baseline neutrophil count, so A[redacted] would need his neutrophils tested while *not* with a fever for a true baseline count.)

C. Petitioner has once again refused appointments and delayed A[redacted]s speech therapy (It's now been 6 months), and now A[redacted] has been placed in a class instead of one-on-one therapy.

1. On June 18, 2019, I texted Lynda King, the speech therapist, and copied Petitioner. **I asked her if I could get the script A[redacted] needed to begin speech therapy from A[redacted]s hematologist,** and she advised me that that should be fine. **Petitioner texted us both back saying, "We have an appointment for A[redacted] of June 25th. He will be getting his physical. We will discuss the script with him then.** Thank you"

2. **Petitioner never got the script, and Lynda texted us saying that she wanted A[redacted] to start SOMEthing, so made a date for A[redacted] to attend Speech Educator Classes.** It's not speech therapy, but it's something for now.

3. **Lynda offered July 12, 2019 for A[redacted] to begin the Speech Educator class, but Petitioner refused that appointment, knowing he did not have to attend A[redacted]s class. Lynda said she didn't have anything else available until July 25, and Petitioner said A[redacted] can go to that one.**

4. On January 7, 2019, I had a two-hour skype consultation with Dr. Bark. **Petitioner refused A[redacted] to continue seeing Dr. Ellis (gave me no reason),**

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Petitioner something was wrong with A[redacted] and I had to plead with him to let me see him.

2. Petitioner said I could meet him and see A[redacted] for a few minutes, "but just for a few minutes" because he was on his way to somewhere. When I met him, **Petitioner told me I could get into his back seat and see Ar[redacted] there and not to take A[redacted] out of his car seat (I couldn't nurse him).** I got into the back and **Petitioner climbed into the front and leaned between the two front seats so that he was a foot away from me, and was talking to me calling me "Baby".** I was very uncomfortable but since it was under *his* terms, he let me stay a lot longer than a few minutes.

3. Since the 8 days, my son has been crying and pulling away, not to go to Petitioner. There was once when I brought water balloons with him that he reacted well to the transfer. Petitioner has been parking off to the side during drop-offs only, most likely to avoid being on video at the station.4

D. **Petitioner agreed to the two of us only doing counseling for A[redacted], but he has refused that several times when I brought it up.**

E. **This cannot continue. He will not**

F. **My son has 13 cavities, and no dentist will work with him, given his medical condition, so he has to go to Boston and be put under for a 2-hour procedure.** The procedure will only take care of the present situation, but will not prevent further complications. **A GAL can see if this is something that may be preventable.**

G. **I never refused an x-ray**, but did tell the dentist, "A[redacted]s x-ray was attempted at the last dentist visit and wasn't able to be done because he was moving around, so they plan on doing the x-rays at tomorrow's visit." Petitioner manipulated this to me refusing the x-rays.

Petitioner has been abusing his sole-medical decision-making authority and not at any time has tried to work together, as the May 28, 2019 Court Order states. I have tried to work with him.

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As parents, our first priority must be protecting the health of A[redacted] We should be on the same page with this, but if there is SOME way Petitioner can turn it into something he can work against me in court, Petitioner has made *this* his priority. This is dangerous behavior for A[redacted] and needs to be addressed.

WHEREFORE, I am requesting that this Honorable Court:

A: Appoint someone to investigate and advocate for my son, since I have not been able to properly and effectively convey to the Court everything that is happening, and Petitioner has made requests to take A[redacted] away from his mother and primary caregiver. This is not in my son's best interest.

B: Grant such other relief as may be just and proper.

Respectfully,

7/29/19
Date

Malinda Nicolosi
512 Mammoth Road
Londonderry, NH 03053

I, Malinda Nicolosi, hereby certify that on the 25th day of July, 2019, forwarded a copy of the herein to Jason M. Sullivan, Esq., P.O. Box 22422, Portsmouth, NH 03802 by mail.

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GAL - objected b/c of time Exhibit 34

STATE OF NEW HAMPSHIRE

ROCKINGHAM, SS.

10th Circuit-Family Division-Derry
Docket No: 622-2018-DM-0053

In the Matter of Anthony Grillo and Malinda Nicolosi

Petitioner's Objection to Motion to Request Guardian Ad Litem

NOW COMES Petitioner, by and through its counsel, who respectfully submits the following:

Denied for "timing" reasons, not because [illegible] need one.

1. This case has been on the docket for almost 18 months.

2. Respondent's request for a GAL was filed on July 29, 2019, **nine** days before the Final Hearing commences.

3. Even if Petitioner agreed to the appointment of a GAL, which he does not, there is no way a GAL could be prepared in less than a week.

[illegible]

WHEREFORE, Petitioner, respectfully requests that this Honorable Court:

A. Deny the Motion to Request Guardian Ad Litem; and

B. Grant such other relief as may be just and proper.

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Respectfully submitted,
Anthony Grillo
By his attorney,
Jason M. Sullivan

DATED: 8/7/19

Law Office of Jason M. Sullivan, PLLC
P.O. Box 22422
Portsmouth, NH 03802
(603) 433-1325 (tel)
(603) 436-7388 (fax)
NH Bar No: 14360

CERTIFICATE OF SERVICE

I, Jason M. Sullivan, hereby certify that on the 7th day of August 2019, the undersigned forwarded a copy of the herein to Malinda Nicolosi, pro se.

Jason M. Sullivan, Esq.